

TRAUMA, GENDER AND PERFORMANCE: THEORIZING THE BODY OF THE SURVIVOR

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ABSTRACT

My thesis emerges out of the new disciplines of trauma studies and gender theory, both of which explore the coming into being of the subject. The traumatic event is that which overwhelms the subject and cannot be integrated into a sense of self. Gender theory explores the ways in which woman is positioned as object in the patriarchal culture, and so cannot fully experience herself as subject. Both disciplines have mobilized narrative as a goal - narrative depends upon the adoption of a position as subject.

I aim to theorize the body of the survivor of trauma and to explore the means by which the traumatic symptom might be transformed into narrative. Post-1980 psychiatrists have linked the traumatic symptom to the work of Pierre Janet (1859-1947) on hysteria. Janet regarded the body as inseparable from consciousness and was concerned with the ways in which the whole organism engaged in the performance of activity.

Janet's writing stood at the beginning of a tradition of thought on the 'body image', in which the performance of activity on a psycho-physical level was regarded as the basis of subjectivity. I am interested in mobilizing this theoretical framework as a therapeutic strategy for trauma. Through bodily movement, elements of narrative are explored - temporal sequence and flow, occupying new positions or perspectives - as a means of approach to a more integrated sense of self.

I also propose to conceptualize the gendering of the subject as a mode of somatic performance. The transformative potential of physical movement provides a means by which the objectified body, which is positioned outside of its own intentionality, can explore the possibility of occupying new positions as a subject.

DOCTOR: *Therein the patient*
Must minister to himself.

(*Macbeth*, V. iii. 42-48)

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PART ONE

CHAPTER ONE: THE SYMPTOMATIC BODY

AN INTRODUCTION TO TRAUMA THEORY

HISTORY AS SYMPTOM

It is indeed this truth of traumatic experience that forms the center of its pathology or symptoms; it is not a pathology, that is, of falsehood or displacement of meaning, but of history itself. If PTSD must be understood as a pathological symptom, then it is not so much a symptom of the unconscious, as it is a symptom of history.¹

The introduction to any piece of writing inevitably raises questions of origin and of narrative process. Where would be a suitable point to begin? What constitutes the easiest mode of approach to the subject? How should the narrative be structured in order that ideas might be most effectively expressed? This is true even of the most experimental modes of writing, which define themselves in a series of resistances; the beginning does not reflect an obvious point of origin, the mode of approach is deliberately obscured and rendered difficult, and narrative forms become a source of experimentation. In a work of theoretical criticism, the questions become crucial: the introduction lays out ideas which form the basis of the reader's understanding throughout the discussions which follow. However, a problem immediately arises in relation to the subject of trauma, for it is a 'pathology' which not only 'displaces meaning' but also radically disrupts the possibility of 'history'. The location of a point of origin at which to begin to articulate issues around trauma, the structuring of a coherent and fluent narrative - these are tasks which are not only rendered particularly difficult by the overwhelming nature of the subject, but which also profoundly place at risk the 'truth' of the traumatic experience itself: it is by definition that which it is impossible to articulate or recount in a narrative formulation.

Contemporary writers on trauma, who are primarily based in the United States and whose work originates in the 1980's, have centred their research on the profoundly

¹ Cathy Caruth, 'Introduction'. *American Imago*, 48 (1991), 1-12 and 417-424 (p. 4). Further references to this article are given after quotations in the text.

disruptive and inarticulable nature of the traumatic experience. At Yale University, Shoshana Felman (whose background is in literary theory and criticism) has worked alongside the psychiatrist Dori Laub, in the Yale Video Archives for Holocaust Testimonies. Their work has engaged with the issue of bearing witness to the traumatic event, and has indicated the impossibility of giving testimony to that which overwhelms all modes of understanding and conceptualization. Felman has formulated the genre of testimony in literary terms, as that which relates events which are in excess of the individual's frame of reference; the traumatic experience is unable to be construed as knowledge or remembrance, and consequently the language which strives towards its expression is fragmentary and disjointed.² Cathy Caruth, also based at Yale University and also with a background in literary theory, has highlighted the implications of trauma in relation to history.³ She has argued that the traumatic event profoundly disrupts the chronological process which is integral to history - and to narrative - because it is only experienced belatedly. The traumatic experience thus no longer coincides in temporal or spatial terms with the precipitating event: it is experienced in its possession of the individual after an interval of time has elapsed and (usually) in a different place. It is thus not only meaning which is problematized, but history itself, which enters the 'pathology' of trauma and becomes 'symptomatic'.

The profoundly disruptive nature of trauma in relation to the theorist can be readily demonstrated by attempting to fix a point of origin for the development of contemporary trauma studies. The logical date for beginning a chronological survey of the most recent developments in the field would be 1980, which witnessed the first inclusion of the syndrome of Post-Traumatic Stress Disorder (PTSD) in the diagnostic

² Shoshana Felman, 'Education and Crisis, or the Vicissitudes of Teaching ', *American Imago*, 48, (1991), 13-73. The collaborative work between Felman and Laub is published in Shoshana Felman and Dori Laub, *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History*, (New York and London: Routledge, 1992). Also based on the video archives at Yale and exploring similar themes is Lawrence L. Langer, *Holocaust Testimonies: The Ruins of Memory*, (New Haven and London: Yale University Press, 1991).

³ Cathy Caruth, 'Unclaimed Experience: Trauma and the Possibility of History ', *Yale French Studies*, 79 (1991), 181-192.

canon.⁴ The move by the American Psychiatric Association to include this new category in the third edition of the Diagnostic and Statistical Manual (DSM-III) marked the first time that the syndrome of psychological trauma achieved diagnostic value and attained formal recognition. Immediately it was formulated in diagnostic terms, the condition was an anomaly. As an overall policy, DSM-III sought to eliminate aetiological explanations, substituting an approach which was descriptive of the symptoms. The importance of PTSD, however, was that it recognized for the first time that a psychiatric disorder could be wholly environmentally determined. The presence of symptoms without the occurrence of a highly stressful event was not seen to constitute the disorder. The focus on aetiology in the definition of PTSD therefore made it an unusual exception in DSM-III.

Perhaps because of an unease at this incongruous focus on the aetiology of the disorder, the compilers of DSM-III were very specific in relation to the precise criteria required in the environmental stressor which precipitated the condition. The traumatic event was defined by the presence of two characteristic features. The first requirement, the so-called 'category A' of PTSD, was that the stressor should be 'outside the usual range of experience'. The manual cites examples from both natural and man-made disasters. The disorder should therefore follow an experience such as involvement in combat, or a hostage situation; or some natural disaster, for example a flood or an earthquake. The stressor was therefore confined to a situation which was rare. The second criterion was that the stressor should be an event 'that would evoke symptoms in almost anyone'. This marked an attempt to classify the traumatic event in terms of the severity of the experience. Clearly, some precision was sought in the definition of the disorder; but the effect was to introduce the idea that trauma could be quantified.

⁴The information on the categories of PTSD, which inform the following discussion, is derived from the following three articles. Elizabeth A. Brett, Robert L. Spitzer and Janet B. W. Williams, 'DSM-III-R Criteria for Post-Traumatic Stress Disorder', American Journal of Psychiatry, 145 (1988): 1232-1236. Elizabeth A. Brett, Robert Laufer and M. S. Gallops, 'Post-Traumatic Stress Disorder (PTSD) Reconsidered: PTSD Among Vietnam Veterans', Post-Traumatic Stress Disorder: Psychological and Biological Sequelae, ed. Bessel A. van der Kolk, (Washington: American Psychiatric Press, 1984), pp. 60-79. Bonnie L. Green, Jacob. D. Lindy and Mary C. Grace, 'Post-Traumatic Stress Disorder: Towards DSM-IV', Journal of Nervous and Mental Disease, 173 (1985), 406-411. Further reference to these articles are given after quotations in the text.

Despite the specificity of the diagnostic criteria, however, PTSD rapidly broke through these restrictions, or overwhelmed the categories by which it was understood. Caruth has observed that once it was introduced into the canon, the category of diagnosis proved so powerful that it appeared to engulf everything around it ('Introduction', 1). In terms of the requirement that the stressor should 'evoke symptoms in almost anyone', PTSD rapidly expanded to include in its categories incidences of rape and child (sexual) abuse. This in turn rendered meaningless 'category A' of the diagnostic canon. The tendency of PTSD to overflow its own boundaries led the psychiatrist Judith Lewis Herman to observe that it can no longer be considered a rare phenomenon:

In 1980, when post-traumatic stress disorder was first included in the diagnostic manual, the American Psychiatric Association described traumatic events as 'outside the range of usual human experience'. Sadly, this definition has proved to be inaccurate. Rape, battery, and other forms of sexual and domestic violence are so common a part of women's lives that they can hardly be described as outside the range of ordinary experience. And in view of the number of people killed in war over the past century, military trauma, too, must be considered a common part of human experience; only the fortunate find it unusual.⁵

The theorist is here located in a position of indicating the 'inaccuracy' of attempts at 'definition'. Once again, trauma is that which exceeds frames of reference and categorization. Herman continues her account of PTSD by arguing that the traumatic event is not extraordinary because of its rare occurrence, but rather because it overwhelms ordinary human adaptation (Herman, 33). She defines the traumatic event as that which renders the individual powerless; at the moment of trauma, the victim becomes helpless in the face of an overwhelming force, which usually threatens life or bodily integrity. When the overwhelming force is that of nature, she categorizes the event as a disaster; when it is that of other humans, the event becomes an atrocity. For Herman, the traumatic event is therefore that which overwhelms ordinary systems of meaning, which give the individual a sense of control and connection. One effect of this

⁵ Judith Lewis Herman, *Trauma and Recovery: From Domestic Abuse to Political Terror*, (New York: Basic Books, 1992; repr. London: Pandora, 1994), p. 33. Further references to this book are given after quotations in the text.

re-categorization of trauma is to shift the focus from the stressor, or the event which precipitated the disorder, to the response of the individual, who is rendered passive and helpless. This pre-empts the change in emphasis in the diagnostic categories for PTSD; Ann Scott has indicated that in the fourth edition of the Diagnostic and Statistical Manual (DSM-IV), published in 1994, there was a notable shift in attention towards the subject.⁶ It was no longer a neutral observer who determined what should or should not be classified as traumatic (or quantified the severity of the stressor), but the individual's own reactions to the event.

However, this change in focus from the environmental stressor to the internal responses of the individual is problematic in relation to the project of theorizing trauma, for it threatens to re-locate the argument in the contentious and highly-charged debate concerning the location of the origin of traumatic experience as inside or outside the psyche. This will be discussed in some detail below; I merely wish to note here that once again, in this discussion, the theorist is faced with the questions of origin and historical process; and once again, the uncategorizable nature of trauma renders resolution of the issues concerned almost impossible. I would like to indicate at this point, however, the crucial rôle that this question of origin played in the categories of DSM-III. In the diagnosis of PTSD, DSM-III asserted for the first time that a traumatic experience undergone in adult life is in itself sufficient cause for the subsequent development of a neurosis. David Healy has pointed out that in previous editions of the Diagnostic and Statistical Manual, long-lasting or significant trauma could only be provoked by an external stressor in conjunction with previous internal pathology.⁷ For example, DSM-I (1952) contained a diagnosis called 'gross stress reaction', which was thought to diminish rapidly unless it was accompanied by pre-existing character pathology. DSM-II (1968) contained a diagnosis termed 'transient situational disturbance' or 'anxiety neurosis'; again the implication was that the stress response was by nature 'transient' unless it was

⁶Ann Scott, Real Events Revisited: Fantasy, Memory and Psychoanalysis, (London: Virago, 1996), pp. xx-xxi. Further references to this book are given after quotations in the text.

⁷David Healy, Images of Trauma: From Hysteria to Post-Traumatic Stress Disorder (London: Faber, 1993), p. 105. Further references to this book are given after quotations in the text.

accompanied by previous psychological weakness. An assumption was thus made that prolonged responses to stress were a result of internal factors and had their roots in early individual history and pathology. The notion that a severely traumatic external stressor occurring in adulthood might have lasting psychological consequences was only formally conceptualized in 1980.

This emphasis on the external stressor was immediately surrounded by intense debate, and attempts were made to categorize the precise nature and effect of the traumatic event. The diagnostic community quickly recognized the tendency of PTSD to overflow its boundaries and in 1987 published a Revised Edition of the Diagnostic and Statistical Manual (DSM-III-R), which sought to re-define its categories. Brett and others have indicated that this volume retained the two characteristics by which the condition was previously defined, but also added a list of generic categories of stressors, in an attempt to conceptualize the disorder more clearly ('DSM-III-R Criteria for PTSD', 1233). In addition to situations in which personal injury or loss of community and home were experienced, the new diagnosis included situations in which serious threat or harm was experienced by close friends or relatives (for example, the kidnapping of a family member or witnessing the torture of a loved one). DSM-III-R was thus concerned to emphasize that PTSD occurs in response to events of an increasingly specifiable type.

However, the more satisfactorily the diagnostic categories of PTSD are located and classified, the more dislocated our modes of understanding of the condition appear to become. At the same time as its borders are fixed and defined, it overflows its own categories and resists boundaries. It brings us to the limits of our understanding. It seems to be this sense of dislocation that Herman indicates in her analysis: that trauma overwhelms and renders helpless not only those who undergo trauma, but also those who are involved in treating survivors and those who attempt to theorize about trauma. Caruth is interested in precisely this sense of dislocation in relation to the 'study of trauma', which she describes as a site of 'radical disruption and gaps' ('Introduction', 2). She indicates that the difficulty in theorizing trauma can be traced to its resistance to being located. The pathology of PTSD cannot be adequately defined by the event itself -

which may or may not be catastrophic and may or may not traumatize everyone equally - nor by the distortion of the event by personal significances. For Caruth, the event cannot be located either outside or inside the psyche of the subject. The stressor or traumatic event is precisely that which is not experienced or assimilated by the subject at the time or in the place of its occurrence. It is only experienced belatedly in its repeated possession of the subject; consequently, it literally has no place, but is dislocated at the most fundamental level. This radical disruption refers also to the temporal aspect of trauma, which is Caruth's primary interest: the traumatized person is possessed by the event, and consequently, temporal or chronological sequence is profoundly disturbed. History itself becomes the symptom of the traumatic neurosis.

For Judith Herman, the notion of history as symptom is critically implicated in the theorization of trauma. The chronology of trauma theory is thus inseparable from the symptomatology of the traumatized subject - it is prone to fits and starts, 'episodic amnesias', compulsive repetitions. There is no easy point of access for the theorist to enter its debates. The problem is eloquently expressed by Herman:

The study of psychological trauma has a curious history - one of episodic amnesia. Periods of active investigation have alternated with periods of oblivion. Repeatedly in the past century, similar lines of inquiry have been taken up and abruptly abandoned, only to be rediscovered much later. Classic documents of fifty or one hundred years ago often read like contemporary works. Though the field has in fact an abundant and rich tradition, it has been periodically forgotten and must be periodically reclaimed. (Herman, 7)

This is a 'curious history' indeed: trauma has overwhelmed its categories, so that it can claim no progressive chronology, no single point of origin. However, despite its difficulties and resistances, Herman indicates that the 'field' of trauma studies is 'rich' and 'abundant' and deserves to be 'periodically reclaimed'. Since the formulation of PTSD in 1980, there has been an interval of intense and 'active investigation' into the area of trauma theory; like the doctors at the end of the last century, charting the 'curious histories' of their hysterical patients, contemporary theorists recover the 'forgotten' researches of the previous century and map the fits and starts which have characterized its 'lines of inquiry'.

FALSE MEMORY SYNDROME: THE PROBLEM OF MEMORY AND THE EVENT

In addition to illustrating the difficulties and complexities of the 'curious history' of trauma studies, Judith Herman also offers a point of access to its 'vast literature'. She points out that the fluctuations of interest in the condition (its 'fits and starts') have invariably coincided with the support of a political movement. It is when a particular form of psychological trauma has been affiliated with the interests of a political movement, and so surfaced into public consciousness, that its investigation has flourished. The synthesis of the interests of the various political movements which have engaged with psychological trauma provides for Herman a point of access to the debates surrounding issues of trauma and establishes a basis for 'systematic study'. She indicates three distinct instances of the affiliation of a form of psychological trauma with a specific political movement:

The first to emerge was hysteria, the archetypal psychological disorder of women. Its study grew out of the republican, anticlerical political movement of the late nineteenth century in France. The second was shell shock or combat neurosis. Its study began in England and the United States after the First World War and reached a peak after the Vietnam War. Its political context was the collapse of a cult of war and the growth of an antiwar movement. The last and most recent trauma to come into public awareness is sexual and domestic violence. Its political context is the feminist movement in Western Europe and North America. (Herman, 9)

Herman's analysis serves as a dual reminder. Firstly, it indicates the fluctuating nature of trauma studies, which holds interest and attention only as long as the political movement with which it is affiliated. Secondly, it serves as a reminder that the theorist is not an innocent or naïve reader of the body of literature associated with trauma, but is always historically and politically positioned. The 'political context' from which this thesis arises is thus the 'feminist movement in Western Europe and North America', while it is historically situated at a point of crisis in the 'public awareness' of 'sexual and domestic violence', which originated in 1987 with the Cleveland child sexual abuse crisis and has culminated in the recent phenomenon of 'False Memory Syndrome'. Trauma

theory, then, writes of a history which has become pathological, but it is simultaneously (and paradoxically) heavily invested in a historical and political movement which defines and outlines the interest and motivations of the theorist.

Herman's outline for a history of trauma theory implies a straightforward relation between the study of trauma and the affiliation of a political movement: political involvement allows a specific form of psychological trauma to surface into public consciousness and hence its investigation flourishes. While this model appears satisfactory in relation to the anti-combat movement, I would suggest that issues of sexual and domestic violence have problematized the political affiliation with trauma. In this instance, public awareness and reaction to the issues involved has not necessarily coincided with the political interests of the feminist movement: in the space opened up by this divergence, the furious debates and legal crises which mark the contemporary public anxiety around issues of trauma have arisen. This anxiety can be explained in part as a backlash phenomenon - since the Cleveland Crisis in 1987 opened up the issue of child sexual abuse and allowed public discussion and debate, there have been soaring estimates of the incidence of domestic and sexual violence and a flood of memoirs and testimonies by adult survivors. Again, trauma is overwhelming its own categories and threatening to engulf everything in its vicinity, and in part, perhaps, the contemporary crisis marks an emergent public resistance to the escalating scale of the problem. However, it is also instructive to note the precise terms of the debate which is occurring and which revolves around issues of origin, narrative, and the status of the event. Confusion centres on the operations of memory and the most urgent project for contemporary trauma theory has become a clear elucidation of the nature of memory, the status of the recovered event, and the validity of the contribution of the various modes of therapy which offer treatment to the trauma victim.

The anti-combat movement, which culminated in the Vietnam conflict and directly resulted in the inclusion of PTSD in the 1980 Diagnostic and Statistical Manual, relied to a large extent on the assumption of a straightforward relation between memory and the traumatic event. As Herman has indicated, the conflict represented the climax of

an anti-war movement which had been gaining momentum throughout the two World Wars. Vietnam differed crucially from the previous conflicts in the level of public awareness of what was occurring at the front-line which contributed to a political atmosphere in which the problems encountered by returning veterans were given serious attention (Healy, 104). This was supported by the position of the psychiatrist in this war; unlike previous conflicts, Vietnam did not rely on mass-mobilization. Formerly, the primary task of the psychiatrist was to return the soldier to active duty; in the Vietnam War, this commitment no longer applied and psychiatrists were able to assume a more supportive and neutral rôle (Healy, 105).

It was in this political context that returning Vietnam veterans organized into agitation groups against the continuation of the war (Herman, 26-27). The first of these, Vietnam Veterans Against the War, originated in 1970 while the conflict was still at its height. This small group of soldiers returned the medals they had been awarded for bravery and offered public testimony of the war crimes they had committed. The purpose of the group was seen to be twofold: to raise public awareness about the effects of the war and to offer support and counselling to the returning soldier. This initially small organization provided a model which was soon emulated throughout America in the formation of 'rap groups'. These were intimate meetings of veterans which retained the dual purpose of the initial organization: soldiers recounted their traumatic experiences of war in order to raise public awareness, but also for individual therapy, which was professionally assisted by supportive psychiatrists who were invited to attend. The organizations were thus based on the dual nature of testimony, which in its private aspect is an individual form of witness but in its public aspect carries legal implications.

Herman indicates the success of this political protest: by the mid-1970's hundreds of 'rap groups' had been organized and the resulting political pressure provided the impetus for the public recognition of an environmentally determined psychological disorder (Herman, 27). By the end of the decade, a legal mandate was awarded for a psychological treatment programme, called Operation Outreach, which was organized by the Veterans' Administration. Over one-hundred outreach centres were established

throughout America and staffed by veterans. Alongside this, the Veterans' Administration commissioned research into the impact of wartime experiences on returning soldiers. The result was a comprehensive five-volume study on the psychological legacies of Vietnam, which delineated the syndrome of post-traumatic stress disorder and demonstrated the direct relationship to combat exposure. This led directly to the inclusion of PTSD in DSM-III and the formal recognition that exposure to a traumatic experience was sufficient in itself to result in pathology.

The problem with this highly effective political engagement with issues of trauma was that it relied on a straightforward relation between memory and the traumatic event. The public testimony of the veterans to the atrocities in which they were involved belied the difficulty of access to the traumatic event, or its dislocatedness. It has been in the contentious issue of sexual and domestic violence against women and children that the elusive and resistant nature of trauma has come problematically to the fore. Initially, there appeared to be a straightforward conjunction between testimony to the event of childhood sexual abuse and growing public awareness and acceptance of its occurrence. This applied on both sides of the Atlantic. In America, an increasing knowledge of the extent of the problem mobilized an organizational structure which clearly reflected the 'rap groups': extensive support networks emerged, which established local groups for recent and former victims of sexual abuse and domestic violence, and which served the dual purpose of providing therapeutic aid and raising public awareness on the issues (Healy, 109). In Britain, the rise in public recognition of the extent of sexual abuse was centred on the Cleveland crisis of 1987. In a recent study of trauma and the event, Ann Scott has observed that the publicity which surrounded Cleveland 'enabled people to talk about childhood memories previously suppressed or repressed, and... enabled a fresh focus on definition' (Scott, xvi). This implies that once political change has made it possible to speak of abuse, there is somehow an unproblematic access to memories which were previously unavailable ('suppressed or repressed'). Scott's model is of a chronological progression towards recognition of the event: 'The culture had moved

from an initially nervous but increasingly steady acceptance of the recognition of child sexual abuse' (Scott, xxvi).

However, this progressive chronology is abruptly broken in Scott's text by the intrusion in 1993 of the phenomenon of 'False Memory Syndrome' (FMS), which radically changed the terms of the debate, first in America and soon after in Britain. Scott outlines the background to FMS, which originated in Philadelphia with the 'False Memory Syndrome Foundation' (Scott, xxvi). Here, parents of adult survivors of sexual abuse came together to protest against what they claimed to be their grown daughters' false accusations. The stakes in this debate were high from the outset, because criminal proceedings were involved: changes to the statute-of-limitations enabled lawsuits to be brought against parents on the basis of adult survivors' testimony. What FMS emphasized was the radically uncertain status of the event which was remembered or 'recovered' in therapy. Memory - its reliability, its nature, its formation, its susceptibility to distortion - became a crucial issue in public debate and ultimately in the American courts (Scott, xxvi). It was suggested that memories of abuse which resulted from the therapy session may also have originated there: that the therapist had somehow implanted in his patient's head the 'false' memory of an event. The forms of therapy which were particularly implicated in this process were those in which suggestion was seen to play a significant rôle (for example, those involving the use of hypnosis); yet the effect was also to place the question of the validity of psychoanalysis high on the public agenda.

The fierce debate which has arisen around FMS can be attributed in part to the centrality of questions of psychoanalytic method. Although psychoanalysis was not the explicit target of the False Memory Syndrome Foundation, it quickly became a crucial point of discussion. The question was again one of origin - the origin of the traumatic neurosis as inside or outside the psyche, and the origin of psychoanalysis itself. The central debate in FMS - the status of the event in relation to the recovered memory - thus formed the basis for Freud's foundation of psychoanalysis in 1896. Scott observes the conjunction of issues involved:

For there is no doubt that the current, unprecedented concern with the reality of child abuse must lead one to look again at the methodological implications of Freud's work during the period which resulted in his writing, of the women patients who spoke of having been seduced as girls by their fathers, 'I no longer believe in my neurotica'. (Scott, 1) ⁸

FMS is concerned with the historical truth it accords to the traumatic memory and so it precisely replays the debates which beset Freud in his founding of psychoanalysis. In relation to trauma, history has once again become strangely symptomatic, so that it compulsively and exactly repeats the past, just as the traumatized patient 'relives' former events in minute and inflexible detail. Caruth has observed that at the beginning of his career, Freud was concerned with the relation between real traumatic events and the experience of pathology ('Introduction', 7-8). This is evidenced most famously in his early Studies on Hysteria (1895) and the 'Preliminary Communication', but also in his first published piece 'On Aphasia', which explores the effects of physical trauma to the brain. With the founding of psychoanalysis in 1896, however, Freud 'gave up' the reality of childhood seduction and relocated the origins of trauma inside the psyche, in the individual's fantasy life, and hence disavowed the historical reality of violence. The question of origin is thus one of spatial location (whether the trauma originates inside or outside the psyche), but also crucially widens out to become a question of historical truth.

The ferocity of debate around the question of origin thus becomes explicable in terms of political investment. The location of the contemporary theorist in the 'political context' of feminist thought entails an investment in locating the origin of trauma outside the psyche, for this legitimates the historical reality of the violence and abuse which is so frequently perpetrated in the domestic sphere. Ethically and politically, this insistence on the external and locatable traumatic experience is a necessary corrective to previous relegations of trauma to the individual's fantasy life. Herman's insight into the highly political nature of the study of trauma theory assumes a particular relevance here: she points out that readings of its 'literature' have never been neutral or naïve. However, this

⁸ Please note that throughout this thesis, emphasis in quotations is the derived from the original text, unless it is explicitly stated to the contrary.

political investment in the externally locatable origin of trauma must co-exist alongside a respect for and recognition of the inherent nature of trauma as profoundly disruptive and non-locatable. Caruth eloquently articulates the delicate balancing act which is required:

Freud's late insight into this inextricable and paradoxical relation between history and trauma can tell us something about the challenge it presently poses for psychoanalysis; for it suggests that what trauma has to tell us - the historical and personal truth it transmits - is intricately bound up with its refusal of historical boundaries; that its truth is bound up with its crisis of truth. This is why, I would suggest, psychoanalysis has been beset by problems surrounding, precisely, the historical truth it accords to trauma, or whether it locates its ultimate origin inside or outside the psyche... While the insistence on the reality of violence is a necessary and important task, particularly as a corrective to analytic therapies that would reduce trauma to fantasy life or adult trauma to the events of childhood, nonetheless the debate concerning the location of the origins of traumatic experience as inside or outside the psyche may also miss the central Freudian insight into trauma, that the impact of the traumatic event lies precisely in its belatedness, in its refusal to be simply located, in its insistent appearance outside the boundaries of any single place or time. ('Introduction', 7-8)

Caruth argues that the 'central... insight into trauma', that it cannot be 'simply located', must paradoxically combine with an 'insistence on the reality of violence'. In discussing the phenomenon of FMS, I would like to focus in some detail on Scott's account and indicate how this balancing act of interpretation can be utilized. In her analysis of FMS, Scott focuses on the 'belatedness' of trauma as profoundly negative; for her, the temporal delay which separates the traumatic event from its recovery as memory in the therapeutic session can only serve to place in question the validity of the event itself:

The legal process around child cases may be simpler for us to think about, because of the number of cases where the judge has ruled that the account of experience that a child has offered has been so graphic that there is a high level of probability that sexual abuse has taken place. This poses a question about the immediacy of memory: the closeness in time to an experience perhaps guaranteeing the sense of that experience. It brings us to the heart of questions of temporalisation, and the heart of trauma. How do we guarantee the validity of an adult's experience? We need to think about it carefully. (Scott, 73-74)

It is undeniable that FMS brings us to 'the heart of questions of temporalization' and therefore to 'the heart of trauma' itself. However, Scott appears to omit the central issue in her account. The 'belatedness' with which the memory of abuse is recovered, which

Scott interprets as a loss of 'guarantee' in relation to the validity of the event, is inherent in the nature of trauma itself, in which the stressor is experienced only after a delay or temporal hiatus. Consideration of the 'closeness in time' to the traumatic event is therefore a redundant and counter-productive exercise; the event cannot be said to have been 'experienced' at all until a gap in time has allowed for its assimilation. Again, trauma is profoundly disruptive of notions of chronological sequence.

In attempting to negotiate the complicated and highly-charged issues that arise around FMS, it is worth bearing in mind its origin as a legal problem: it arose directly out of the judicial sentencing of the parents of adult survivors. The law is inevitably accompanied by the machinery of evidence and truth: it demands that the event be proved. This is clearly problematic in relation to childhood sexual abuse, in which there is frequently a separation of many years between the event and legal proceedings. Scott's reliance on a 'guarantee' of 'immediacy' seems to me to arise from the same legal discourse: her demand is that the 'validity' of the traumatic event be proved with a 'high level of probability'. It is notable that her account entirely ignores the problem of evidence which was so prominent a feature of the Cleveland crisis. It was clearly demonstrated in 1987 that temporal 'closeness' to the traumatic event does not act as a 'guarantee' of 'the sense of that experience'. The crisis centred on the status of the diagnostic category of the 'anal dilatation reflex' as an indicator of sexual abuse.⁹ The 'dilatation reflex' was recognized in forensic medicine as an indication that anal penetration had occurred; the Cleveland crisis arose out of the revelation that the symptom was widespread on the bodies of children. Although indications of abuse were

⁹The 'anal dilatation reflex' is a function of damage to the internal sphincter muscle in the anal canal. If this muscle is damaged, the external sphincter muscle acts to close off the bowel. However, this muscle can only sustain a contraction for a relatively short period of time; as that muscle gradually relaxes, the damage to the internal muscle is revealed and there is a characteristic 'gaping' of the anus, so that it is possible to see inside. Dilatation can only be caused by something large enough to rupture or stretch the sphincter muscles; clearly this implies anal penetration or intercourse as one possibility. While severe constipation can also cause the dilatation reflex, the condition quickly resolves itself, and it is not accompanied by any of the other characteristic signs of abuse - these include not only sores, swellings and bruises, but also a characteristic smooth surface around the anal edge, rather than the normal puckering, healed lacerations, and a thickening of the skin produced by regular rubbing. See Beatrix Campbell, Unofficial Secrets: Child Sexual Abuse - The Cleveland Case, (London: Virago, 1988), pp. 60-62. Further references to this book are given after quotations in the text.

clearly visible on the anuses of many of the children, the crisis in 1987 was marked by the central dilemma in relation to the traumatic event: whether that which was seen was also able to become known. Beatrix Campbell has observed the familiar complex of problems raised in 1987, so that trauma is related to 'what is knowable', but it is also 'dependent on political consciousness':

Detection is always contingent. It depends on co-operation and a consensus about what matters, what is wrong, what hurts, what is visible and what is knowable. Detection is above all about what is evident and what is evidence. But all this is dependent on political consciousness. Seeing is believing, we're told, and yet evidence, like beauty, is in the eye of the beholder. If you don't believe it is possible for children to be sexually abused en masse by the men in their lives, then you don't see the signs, even when they stare you in the face. (Campbell, 70-71)

One of the most remarkable features of the judicial inquiry into the Cleveland crisis was that it did not aim to investigate the truth or falsity of the claims of abuse or the validity of the diagnostic criteria. Lord Butler-Sloss explicitly stated: 'It is not the function of the inquiry to evaluate the accuracy of any diagnosis nor to resolve conflicting evidence nor to assess whether an individual child was or was not sexually abused'.¹⁰ Nevertheless, the diagnostic category of the 'anal dilatation reflex' was cautiously vindicated in the inquiry as an indication that abuse may have occurred. In the Cleveland Report, Butler-Sloss concluded from the evidence that 'the consensus is that the sign of anal dilatation is abnormal and suspicious and requires further investigation. It is not in itself evidence of anal abuse' (Butler-Sloss, 193). This finding was contrary to media assumptions that the diagnosis would be discredited. The report also stated that Drs. Wyatt and Higgs had acted within these constraints in their handling of the children. The media had claimed that the paediatricians had screened all children for sexual abuse, whether or not there was any suggestion that it had taken place, and that sexual abuse was diagnosed solely on the basis of the sign of anal dilatation. Both of these claims were refuted in the Butler-Sloss report. She emphasized that there was no screening and stated of the anal dilatation reflex: 'in only 18 cases out of the 121

¹⁰Right Honorable Lord Elizabeth Butler-Sloss, Report of the Inquiry into Child Abuse in Cleveland 1987, (London: H.M.S.O., 1988), p. 183. Further references to this report are given after quotations in the text.

cases was it the sole physical sign, and in no case was it the sole ground for the diagnosis' (Butler-Sloss, 165). The diagnosis relied on a broad range of factors, taking into account the physical and psychological behaviour of the children (for example, whether they displayed unusual sexual knowledge or behaviour), and whether the children were in contact with an individual already convicted on a charge of buggery.

The psychologist David Healy has indicated a constructive approach to the traumatic event, which clearly reflects the problems arising out of Cleveland, in his volume Images of Trauma. He creatively combines a respect for the historical reality of the traumatic event with a simultaneous recognition of its resistances and difficulties:

Applying all these factors to the question of establishing what happened in situations of possible abuse leads us to expect that even if the abuse did happen the child's story is likely to be inconsistent and contradictory. This follows as the truth of the matter is in a sense as much a fabrication as any possible other version of events. This will apply even to those cases in which subjects appear to be reliving events rather than just remembering them. Indeed the wealth of concrete detail that some subjects provide may seriously mislead the unwary. Interpretation will therefore inevitably remain a hazardous enterprise. It is ever a matter of establishing a probable account of what happened rather than supposedly scientifically 'proving' a point. (Healy, 113)

Healy indicates that the most constructive approach to the traumatic event lies in 'interpretation', which is concerned not with the 'provable' but with the 'probable'. His account allows for the findings of the Butler-Sloss report, so that the anal dilatation reflex would count not as 'proof' that the event of sexual abuse had occurred, but as a marker in the 'hazardous enterprise' of 'interpretation'. It is precisely in the creation of this gap between 'proof' and 'interpretation' that the recovery of the traumatic event can become a viable possibility in practical terms, for it allows for the 'inconsistent and contradictory' nature of any narrative or 'story' of events (whether it is told by a 'child' or an adult survivor).

Scott's account focuses not only on questions of temporality but also on the issue of 'place'. Her concentration on these 'boundaries' ignores the inherent resistance of trauma 'to be simply located in... any single place or time' (Caruth, 'Introduction', 8). The 'place' of sexual abuse is thus within the private sphere of the family. Scott points

out that the domestic nature of the events means that they are not documented; there are no witnesses to their occurrence and no evidence that they have taken place. Even if the political climate has shifted towards an awareness of the prevalence of sexual abuse, there is still no evidential basis. This leads Scott to conclude: 'It continues to be... an uncertain event' (Scott, 72). Scott juxtaposes the private nature of sexual abuse with the more public events of the Holocaust, and argues that the contrast is 'instructive'. The 'place' in which the Holocaust is sited is public: it is a 'documented' form of trauma, with a clear 'evidential basis' and it is by implication a 'certain event'. She indicates the work of Shoshana Felman and Dori Laub at Yale University, which is concerned precisely with the documentation of the Holocaust for public reference (they research in 'a centre for videotaping and memory work'). Scott establishes a contrast between the memories of Holocaust survivors, which are 'remembered' by the individual, so that 'we are not talking about repression of the event itself', and the memories of childhood sexual abuse which are not 'remembered' by the individual but recovered in therapy. The testimonies of the Holocaust survivors are likewise documented and accepted into a research collection and consequently 'validated' as historical reality, while the testimonies of adult survivors are 'violently disconfirmed' by the opposing claims of their parents.

In establishing this contrast, Scott appears to circumvent the central insight into trauma that the work of Felman and Laub has produced: namely, that all trauma overwhelms the individual's frame of reference and meaning and so is not available for 'remembrance'. Psychological access to the events of the Holocaust is no more direct or guaranteed than in the case of sexual abuse. Felman and Laub have demonstrated that there is no easy or straightforward 'joint acceptance of a shared reality' even in the more public events of the Holocaust. The 'violent disconfirmations', which have greeted the testimonies of adult survivors of sexual abuse, have also surrounded the historical reality of the Holocaust, in the form of revisionist historians. An assumption is made by Scott that an event which is witnessed is thereby 'validated' and made 'real'. The focus of the research carried out by Felman and Laub has been to indicate the extreme difficulty of

bearing witness to any traumatic event, which overwhelms categories of understanding and severs the individual's sense of connection and meaning.

Scott's reliance on the public status of the event and the independent evidence of witnesses again appears to arise from the legal discourse in which FMS is embedded. She mispronounces the unprovable nature of the traumatic event as evidence of its 'uncertain' status. Again, a more constructive approach would seek to establish a 'probable' account of the event through a process of 'interpretation'. Healy has indicated that this 'hazardous enterprise' is not properly a 'scientific' process: the engagement with issues of trauma requires a clear recognition of the limits of language and the articulable. I have already noted the literary-theory background of many of those who are eminent in the contemporary field of trauma studies - at Yale alone, researchers into trauma include Shoshana Felman, Cathy Caruth, Lawrence Langer. There is a clear indication that this training in the strategies and (particularly) the limits of interpretation is especially suited to the discipline of trauma studies and is integral to the practices of the contemporary theorist.¹¹

COMPENSATION AND THE HOLOCAUST: THE PROBLEM OF TRAUMA AND THE LAW

The phenomenon of FMS has arisen out of legal proceedings: the furious debates by which it is currently surrounded indicate the tensions and incompatibilities which accompany the law's engagement with issues of trauma. However, if the entry of the traumatic event into judicial proceedings is problematic, it is also unavoidable: regardless

¹¹Cathy Caruth has explicitly indicated a connection between her own literary-theory background and her work on trauma. She has argued that the recent developments in poststructuralist criticism, and particularly deconstruction, have re-positioned the 'referentiality' of the text, so that it no longer refers to something which can be straightforwardly grasped outside the text, but is realigned with that which is not fully knowable. This shift in focus in contemporary critical theory has not only demonstrated the resistance of texts to the model of inside and outside, but it has also severed the connection between reading and certainty, so that interpretation may arise where understanding and knowledge cannot. Caruth states clearly that the interruption of cognitive frameworks which has marked the enterprise of deconstruction has given rise to her thinking about issues of trauma. The article to which I refer can be found in the following volume. Cathy Caruth, 'Introduction: The Insistence of Reference', Critical Encounters: Reference and Responsibility in Deconstructive Writing, eds. Cathy Caruth and Deborah Esch, (New Brunswick, New Jersey: Rutgers University Press, 1995), pp. 1-10.

of whether the traumatic stressor is caused by natural or human agency, the victim is necessarily confronted with the question of compensation. In The Body In Pain: The Making and Unmaking of the World (1985), Elaine Scarry writes of compensation in relation to the law.¹² She argues that, confronted with an injury over which it must litigate, the law registers both the physical fact of the injury and the suffering or pain that is involved. For her, the court of law represents an arena in which the internal and incommunicable experience of pain is beginning to achieve expression. The litigation involved in a case in which compensation may be awarded demands a precise determination of the degree of suffering undergone by the plaintiff. Scarry contends that this has forced a detailed language of pain to be forged in the context of the courtroom:

such litigation provides a situation that... requires that the impediments to expressing pain be overcome... [T]he lawyer... becomes an inventor of language, one who speaks on behalf of another person (the plaintiff) and attempts to communicate the reality of that person's physical pain to people who are not themselves in pain (the jurors). (Scarry, 10)

Counter to Scarry, I would contend that the 'inventor' of the 'language' of pain is not the 'lawyer', but the medical diagnostician. As I have demonstrated, diagnostic 'language' is formulated not only by psychiatrists and medical professionals, but by the trauma victims themselves, who have 'communicated the reality' of their suffering in politically organized pressure groups. In 'speaking on behalf of another person' in the lawcourt, it is precisely this diagnostic language which the lawyer adopts. In their article on the diagnostic category of PTSD, Elizabeth Brett and others indicate that in compensation cases, a 'thorough understanding' of the experience and situation of the plaintiff derives not from legal vocabulary but from a medical 'diagnosis':

A thorough understanding of the diagnosis is important... because... a wide range of compensation issues arise for individuals with PTSD - from claims based on exposure to war, including veterans benefits and wartime reparations, to tort claims for civilian disasters and rape. (DSM-III-R Criteria for PTSD, 1232)

Compensation proceedings in relation to issues of trauma rely on a precise and detailed medical diagnosis of the condition, which clearly delineates its symptoms and

¹² Elaine Scarry, The Body In Pain: The Making and Unmaking of the World, 2nd ed., (Oxford: Oxford University Press, 1987). Further references to this book are given after quotations in the text.

aetiology. Scarry is concerned to emphasize the viability of such an accurate articulation of physical and psychological pain. She insists on the ability of language to express pain comprehensively: 'the human voice, far from being untrustworthy, is capable of accurately exposing even the most resistant aspects of material reality' (Scarry, 8). In terms of medicine, she contends, the central issue in this project of articulation is the dynamic that is established between patient and physician. The relationship between them must first of all be one of 'intimacy', for it is only in close collaboration that the 'human voice' can be heard to express suffering. Further, the language of pain is one which is 'fragmentary' and disjointed; consequently, the physician must listen with 'acuity' to what is spoken. The success of the enterprise relies on a sympathetic mode of interpretation by which the incomplete language of trauma may be rendered articulate and comprehensible. Scarry's emphasis on the articulability of pain outlines a vital project for those who seek to treat survivors of trauma. However, it is worth noting that she perhaps underestimates the profoundly disruptive nature of trauma, which resists categorization and is not entirely susceptible to narrative or linguistic formulation.

In 'Discriminatory Aspects of the German Indemnification Policy' (1982), Milton Kestenberg describes in detail the attempts of Holocaust survivors to claim compensation from the German government for the suffering which they have undergone.¹³ He is concerned to register in his article the seemingly irreconcilable differences which arise between the representatives of the law and the Holocaust survivors who seek to obtain reparations. It is clear from his writing that these differences arise, in large part, from the absence of any clear diagnostic description of the suffering undergone by the plaintiff. The struggle of Holocaust survivors to obtain reparations from the German government simultaneously acts as a representation of the difficulties of formulating a diagnostic category for the sequelae of such overwhelming atrocities. It is not only the individual claims of the survivors which are on trial, but the

¹³ Milton Kestenberg, 'Discriminatory Aspects of the German Indemnification Policy: A Continuation of the Persecution', *Generations of the Holocaust*, eds. M. S. Bergmann and M. E. Jucovy (New York: Basic Books, 1982), pp. 62-79. Further references to this article are given after quotations in the text.

competing claims of differing modes of psychiatry to describe the condition of the survivor of massive trauma.

In 1953, West Germany instituted the Federal Indemnification Law, in which provision was made to award reparations to those whose working capacity was permanently impaired due to Nazi persecution. Initially, claims were restricted to those who had suffered physical injury. However, in a familiar pattern, trauma overwhelmed its own limits or modes of categorization; and from 1965, psychiatric conditions were also recognized as being caused by the persecution. A problem rapidly arose in the legal proceedings, in relation to the psychological after-effects of the Holocaust, for there was no precise and detailed diagnosis by which a 'thorough understanding' of the suffering and condition of the plaintiff might be articulated. A clear divide arose in the judicial proceedings between the competing claims of the German medical establishment and American procedures. In German psychiatric medicine, the psychological effects of a traumatic experience, no matter how severe, were immediate and temporary; pain could have no lasting effect on the individual. In contrast, the American psychiatric community emphasized that the psychological damage caused by trauma was not only lasting, but was also commonly delayed in effect. The crucial debate in the litigation procedures centred on the temporal delay of the traumatic experience, or the 'belatedness' of its effect. The privileging of German psychiatric procedures by the representatives of the law effectively limited compensation to those few individuals who were able to provide evidence of continuous psychiatric disturbance from the date of release from the camp. Kestenberg notes: 'Only Brückensymptome ("bridge symptoms") were recognized as valid; they had to be present at the time of liberation and treated at that time and since. So-called Spätschäden ("delayed damages") were not recognized, at least not at first' (Kestenberg, 71). In practical terms, this meant that it was virtually impossible to claim compensation for psychological damages, which were commonly manifested only after a temporal hiatus. In terms of the Holocaust survivor, the symptom-free period typically co-incided with emigration to America, and an interval in which there was still the possibility that relatives might appear. Even though the

symptoms were delayed, they were nevertheless clearly related to experiences of persecution, and were often triggered by events which were reminiscent of conditions in the concentration camps.

This confusion in relation to diagnostic procedure was heightened by the rôle of the physician in the legal proceedings. Scarry has noted two requirements in order that pain might be successfully articulated - the dialogue of patient and physician ought to be one of 'intimacy', and the physician must engage in an interpretative process which is based on a sympathetic and intuitive mode of hearing. In his article, Kestenberg maps the precise relation between medicine and the law in the indemnification trials. He notes that the 'intimate' conversation of patient and physician was gradually replaced by a more authoritarian approach. Initially, the medical profession was represented in the legal proceedings by the Vertrauensarzt ('confidential physician'), who supplied the representatives of the law with a medical report:

[The German Indemnification Authority] referred the claimant to a physician, appointed and sworn in by the German consulate. This physician, referred to as Vertrauensarzt ('confidential physician'), had to be licensed in the country in which he practiced. However, since he had to give his reports in German, he was usually German-born. The Vertrauensarzt furnished the authority with his medical findings. (Kestenberg, 64)

In the early years of the litigation, the physician therefore submitted to the Indemnification Authority his own 'medical findings'. Even at this early stage, however, the divide between German and American diagnostic procedures was evident. A large proportion of the claimants for compensation had emigrated to America in the years following the Second World War, in order to attempt to rebuild their lives. The Vertrauensarzt was thus typically 'German-born', but 'licensed' in America ('the country in which he practiced'), and was therefore likely to be influenced by American diagnostic procedures.

In the 1960's, the Beratender Arzt ('consulting physician') was introduced into the legal proceedings, although his rôle was not provided for in the 1953 Indemnification Law. He based his diagnosis, not on an 'intimate' dialogue or conversation with the

patient, but on the basis of the medical records alone. Although he did not see the claimant, he retained the authority to overrule the opinion of the Vertrauensarzt. Kestenberg states explicitly that this was because his task was not to arbitrate over individual cases, but over the competing claims of medicine itself. He was not concerned with the degree of suffering undergone by the plaintiff, but with its diagnostic categorization. Kestenberg notes of the institution of the 'consulting physician':

Behind this procedure lay the contention that medical science is not universal: there is an American medical science and a German one. In cases where a claimant was examined by a doctor who practiced in the United States, the Beratender Arzt evaluated the record and scrutinized the report of the doctor for fear that he had been contaminated by American psychiatry. (Kestenberg, 73)

THE INTERVENTION OF AMERICAN PSYCHIATRY: TOWARDS A DIAGNOSIS OF HYSTERIA

While the Indemnification Authority was concerned to uncover and eliminate the 'contamination' of German psychiatry by American procedures, psychiatric practitioners in America were simultaneously campaigning vigorously against the existing restitution laws. Based in New York, a group of psychiatrists and psychotherapists - which included such eminent names as Henry Krystal, William Niederland, Milton and Judith Kestenberg, Martin Bergmann, Hillel Klein, Marion Oliner and James Herzog - reviewed case after case of the German proceedings.¹⁴ They found that although these cases were based on so-called 'expert' medical testimony, the findings ran counter to their own clinical experience. Milton Kestenberg, writing of the German psychiatrists' belief in the temporary emotional damage caused by the Holocaust, observed: 'No modern psychiatric research supports this view' (Kestenberg, 69). Henry Krystal enlarged on this - he noted that in order to counteract the outdated modes of psychiatry utilized by the German authorities, it was necessary to supply 'hard facts' about contemporary research

¹⁴ The findings of this group are collected in the following volumes. Generations of the Holocaust, eds. M. S. Bergmann and M. E. Jucovy, (New York: Basic Books, 1982). Massive Psychic Trauma, ed. Henry Krystal (New York: International Universities Press, 1968). Further references to these volumes are given after quotations in the text.

into the after-effects of trauma. It was vital, in other words, that a new diagnostic category should be formulated:

I found in a study of 367 consecutive cases of survivors of the Nazi Holocaust that there was no correlation between pension or restitution and diagnosis of degree of damage or extent of suffering of the survivors... Restitution determinations were made by bureaucrats who had set up their own policies and procedures, which reflected the orientation of a particular branch of the restitution authorities. To counteract such forces in public policy we must have hard facts about human damage and rehabilitation.¹⁵

In 1973, psychiatrists meeting at the Twenty-Eighth International Congress in Paris discussed the diagnosis of hysteria, in order to account for the symptomatology of the survivor of massive trauma.¹⁶ This diagnostic category was useful to psychiatric practitioners in two respects. Firstly, hysteria provided a clear medical example of a condition in which the emotional impact of an event was not manifested until after a considerable period of time had elapsed. It also accounted for the wide range of symptoms and disturbances displayed by the survivor, which could not easily be formulated into a single diagnosis. Discussion at the Congress centred on Freud's early formulations of hysteria, because these were regarded to be particularly concerned with the notion of the event. However, despite the clear analogies between the physical and psychological sequelae of the Holocaust and the condition of hysteria, the diagnosis was immediately considered problematic and surrounded by qualifications. William Niederland stressed the uniqueness of the symptomatology of the Holocaust survivor, noting the particular prevalence of hypochondria in symptom-formation, which he traced back to the camp 'selections', in which survival depended on appearing healthy. He also noted new symptoms which were presented by the Holocaust survivor, in particular

¹⁵ Henry Krystal, 'Psychoanalytic Views on Human Emotional Damages', Post-Traumatic Stress Disorder: Psychological and Biological Sequelae, ed. Bessel. A. van der Kolk, (Washington: American Psychiatric Press, 1984), 2-28 (pp. 21-22). Further references to this volume are given after quotations in the text.

¹⁶ Ilse Grubrich-Simitis, 'From Concretism to Metaphor: Thoughts on Some Theoretical and Technical Aspects of the Psychoanalytic Work with Children of Holocaust Survivors', Psychoanalytical Study of the Child, 39, (1984), 301-319 (pp. 308-309).

'survivor guilt'.¹⁷ Nederland explicitly related the unique clinical profile of the concentration-camp survivor to the extreme historical situation from which it emerged. His concern was that too straightforward an analogy might be drawn between the situation of the Holocaust survivor, who has undergone an extreme war atrocity, and the nineteenth-century hysteric, whom he described as the product of the longest and most secure period of peace in European history (Nederland, 28).

It is notable that Nederland's anxiety regarding the diagnosis of hysteria immediately centred on the status of the traumatic event - his emphasis on the unique historical atrocity of the Holocaust was concerned to securely delineate the traumatic event as external and locatable. The problem for psychiatrists with the diagnosis of hysteria was that, since Freud's abandonment of the 'seduction theory', it had become pejorative in association, related to events internal to the psyche and not grounded in historical reality. Its reinstatement revived uncertainties about the status of the event - hysteria carried implicit within it suggestions of an internal pathology which originated in childhood. Nederland strongly reproached those psychiatric practitioners who, in assessing the aetiology of the survivor's condition, virtually ignored the experience of internment in a concentration camp, and focused almost exclusively on childhood and family background:

As important as early developmental factors for the pathogenic manifestations of neurotic and psychotic conditions are, they can never be the sole consideration in the psychiatric evaluation of mental disorders in concentration-camp survivors. Even reports from competent specialists or reputable psychiatric institutions sometimes contain only a sentence or two on the persecution experiences of such patients, but they hardly ever fail to describe in detail certain features of their sexual behavior, family difficulties, and other problems. (Nederland, 11-12)

This shift of interest to the internal pathology of the survivor, which originated prior to the experiences of the Holocaust, provoked Nederland into a renewed insistence on the extremity of the persecution experience, which is in itself sufficient to cause pathology.

¹⁷William G. Nederland, 'The Problem of the Survivor', *Massive Psychic Trauma*, ed. Henry Krystal (New York: International Universities Press, 1968), 9-46 (p. 32). Further references to this article are given after quotations in the text.

He argued that survival in the camps was dependent on a high level of adaptability, which was not commensurate with early psychological disturbance:

those who managed to survive showed an unusual adaptability, alertness, and ability for quick decisions and execution of action that were decisive to their survival. The pertinence of this observation lies in the fact that it is a rarity to observe among survivors any prepersecution depression or serious predisposition to endogenous depression or psychosis. (Niederland, 34)

Concern about the status of the event in relation to hysteria led many psychiatrists to question the diagnosis as a description for the pathology of concentration-camp survivors. In 1984, Henry Krystal observed that although he had attempted to assimilate the symptomatology of Holocaust survivors with psychoanalytical accounts of hysteria, the two had failed to coincide:

In my follow-up observations I have struggled in vain to fit the survivors of the Nazi Holocaust into the 'classical' psychoanalytic concepts of psychic trauma. I concluded that our observations simply could not be understood in terms of the economic view of traumatization, nor in terms of Freud's other definition of trauma, namely repression. ('Psychoanalytic Views on Human Emotional Damages', 5)

Krystal is extreme here in his rejection of all of Freud's writing on trauma. Freud compulsively returned to the subject of trauma throughout his career. As I shall demonstrate, one of the most challenging aspects of Caruth's work lies in her recognition of Freud's valuable insights into the belated effect of trauma on the individual, which is particularly evident in his late writing (see Chapter Four). However, Krystal does express the prevailing view of the American psychiatrists that the symptomatology of the Holocaust survivor did not 'fit' the 'classical' psychoanalytic concepts of hysteria. Nevertheless, the diagnosis was not entirely rejected: research in the 1980's was concerned to identify the traumatic neurosis with an alternative account of the hysterical condition. Psychiatrists Bessel van der Kolk and Onno van der Hart radically shifted the focus of trauma theory from the history of Freud's founding of psychoanalysis, to the work of his contemporary, Pierre Janet. This change in emphasis meant that the diagnosis of hysteria no longer threatened to negate the devastating impact of the historical reality of the Holocaust on the survivor. Janet's work on hysteria emphasized

the lasting and belated impact of the traumatic event and recognized that a large variety of different experiences could overwhelm the psyche.

In conclusion, I would like to return to Herman's formulation of the symptomatic history of trauma theory, which was once again revealed in the revival of interest in Janet in the 1980's. One legacy of Freud's founding of psychoanalysis was the eclipse of Pierre Janet's work, in one of the 'episodic amnesias' which have characterized the history of trauma studies. Janet became a mere 'historical curiosity' until he was 'reclaimed', first by Henri Ellenberger in 1970, and more fully by van der Kolk and van der Hart in the 1980's.¹⁸ The revival of his work disrupts the theoretical model of historical process in two respects. The remarkably 'contemporary' themes of his writing preclude the notion of the chronological development of ideas, while its implications place into question the founding of psychoanalysis as a historical point of origin for the study of trauma. It is with this starting point that I wish to enter the debates which focus on the relation of trauma and the body - the opening of my discussion thus centres on a starting point which is profoundly disruptive and resistant, and which is only one of many possible points of origin with which to begin to 'reclaim' the 'abundant and rich tradition' of thought regarding the impact of trauma on the individual.

¹⁸ Ellenberger included a chapter on the work of Pierre Janet in his historical survey of psychiatry, which was published in 1970. Henri F. Ellenberger, 'Pierre Janet and Psychological Analysis', The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry (New York: Basic Books, 1970; repr. London: Fontana, 1994), 331-417. The collaborative articles by Bessel van der Kolk and Onno van der Hart on the work of Pierre Janet are numerous; the most informative are cited below. Bessel A. van der Kolk and Onno van der Hart, 'The Intrusive Past: The Flexibility of Memory and the Engraving of Trauma', American Imago, 48 (1991), 425-454. Bessel A. van der Kolk, Paul Brown and Onno van der Hart, 'Pierre Janet on Post-Traumatic Stress', Journal of Traumatic Stress, 2 (1989): 365-378. Further references to these works are given after quotations in the text.

CHAPTER TWO: THE HYSTERICAL BODY

A RETURN TO THE WORK OF PIERRE JANET

RE-INSTITUTING THE EVENT: HYPNOSIS AND THE ORIGINS OF PSYCHOANALYSIS

Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life. (Ellenberger, 409)

Freud's founding of psychoanalysis in 1896 has taken on almost mythical status as a point of origin. Based on the narratives of Freud and his followers, psychoanalysis is commonly seen to originate in two monumental discoveries. In terms of therapeutic practice, Freud's relinquishment of hypnosis is connected with his pioneering work on the 'transference', while his abandonment of the theory of childhood seduction has become inextricable from his discovery of childhood sexuality. As a point of origin, Freud's founding of psychoanalysis thus appears to mark a revolution in thought, and it is commonly claimed to be the beginning of the modern era, in part because of its historical situation at the threshold of the twentieth century. In this chapter, I aim to revise the accepted history of the beginnings of psychoanalysis, and to disrupt its privileged status. As a starting point for the study of trauma, psychoanalysis is only one of many possible points of origin, and I propose to return it to its proper status as one of several competing claims to describe and treat the hysterical neuroses. By exploring in some detail the context in which psychoanalysis was founded, I am interested in addressing the question of why it was privileged above other, contemporary modes of treatment. This enquiry into alternative views and methods of treatment is also disruptive of the normally unquestioned modes of behaviour in the psychoanalytic session. Viewed in relation to the work of his contemporaries, Freud's method of treatment is revealed to be an artificial construct: the psychoanalytic session can be rethought as a specific mode of performance which is staged between the analyst and the

analysand. In this chapter, I wish to examine how this psychoanalytic performance affects the behaviour and relationship of both therapist and client in the insular setting of the therapy session. In order to explore this issue, I propose to refer extensively to an essay by the contemporary theorist Luce Irigaray, which explores the unique staging of the psychoanalytic session from a disruptive and revisionary perspective.

In the metaphor quoted above, Ellenberger describes the notion of historical process in relation to the science of archaeology. Even though Janet was initially more popular than Freud, his work was eclipsed or 'buried' by the founding of psychoanalysis in 1896. Ellenberger describes his own conscious effort to re-introduce Janet's ideas into the history of psychiatric thought in terms of an excavation or 'unearthing'; he maps the point at which the 'buried city' of Janet's corpus lies. Ellenberger's image is profoundly disruptive of notions of chronological progress. Firstly, the reference to 'Pompeii' compares Janet's work to an archaeological site which was remarkable for the complete and intact nature of its preservation. Frozen in time, historical process seemingly halted at Pompeii in 79 A.D., and the site is disturbingly evocative because it renders ancient history so seemingly immediate and contemporary. The comparison of Pompeii with Janet's work bears traces of Herman's 'symptomatic' history, so that although Janet wrote a century ago, his ideas appear remarkably contemporary once they have been 'unearthed'. Secondly, Ellenberger's metaphor does not assume that his own writing will form the basis for a historical revival of Janet's work. He argues that it is for others to determine whether and to what extent the excavation of Janet's theories will continue. However, there is no guarantee of progression; Ellenberger appears to recognize the profoundly disruptive nature of the 'tradition' in which he writes, which is seized by 'fits and starts' of interest.

In the 1980's, Ellenberger's 'excavations' formed a basis for the researches of Bessel van der Kolk and Onno van der Hart, who linked the contemporary work on trauma to Janet's ideas regarding hysteria. They claimed to have 'unearthed' Janet's psychotherapeutic system and to have 'brought back to life' his methods of treatment. However in a recent article, Ruth Leys claims that these theorists of the 1980's have

merely 'plundered' the work of Janet, extracting from it that which suits their purposes.¹ In her article, Leys accordingly 'unearths' that which the 'marauders' have failed to uncover, so that she herself can replace them as the champion of that which has been 'concealed'. In a familiar pattern, the notion of origin becomes a site of debate and contestation; I will be arguing that, at least in part, this sense of conflict can be attributed to the contemporary debates on 'False Memory Syndrome', which provided the immediate context in which Leys' article was written. Her paper emphasizes the dangers of hypnosis, arguing that it places the status of the event radically at risk, and so she reiterates the claims of the 'False Memory Syndrome Foundation'.

I wish to suggest that Leys consistently misreads Janet's relation to the event, or the incident that provoked a traumatic reaction in his patients. She contends that Janet deliberately altered the event in his patient's mind, thereby placing any notion of historical veracity at risk. In some cases, she argues, he even erased the memory of the event altogether through suggestion in the hypnotic state. Her misreading of the complexity of Janet's notion of memory appears to be compounded by her misunderstanding of the operation of the body in Janet's writing. She oversimplifies the way in which Janet understood the body's involvement in the processes of memory and symptom-formation, which has serious implications for her reading of his work.

Leys begins her article at the point at which Freud broke away from mainstream, turn-of-the-century neurological medicine to found the science of psychoanalysis. This shift in Freud's work occurred in 1896 and was marked by his relinquishment of hypnosis as a method of treatment. Leys remarks that it is only by moving away from what she terms as the 'enigma' of suggestion that is involved in hypnosis, that Freud is able to establish psychoanalysis as a 'discipline' (Leys, 623). A clear and unambiguous 'differentiation' (Leys' own term) emerges, which is to mark the argumentative style of her article throughout. Psychoanalysis as a science or objective study begins in 1896 when Freud no longer uses hypnosis as a methodological tool. Prior to this, his work

¹ Ruth Leys, 'Traumatic Cures: Shell-Shock, Janet and the Question of Memory', *Critical Inquiry*, 20 (1994), 623-662. Further references to this article are given after quotations in the text.

was subject to the taint of 'suggestion', precisely the charge of implanting or erasing memory that marks the contemporary debates regarding FMS.

What Leys omits from her account is the historical background to Freud's rejection of hypnosis. It is well known that Freud was not a particularly successful hypnotist and frequently failed to induce in his subjects the desired state of trance. He was forced to devise his own method for producing the intensity of concentration on internal processes that was required for the therapeutic situation. This consisted of encouraging the patient to allow his or her mind to wander and at a given signal, usually a touch on the forehead, to verbalize whatever entered the mind first - no matter how inappropriate it may seem. This failure at hypnotism is usually cited as the motivating factor which caused Freud to cease using it in his sessions. Another, more compelling, reason is very revealing. In Images of Trauma, David Healy indicates the attitude to hypnosis that prevailed at about the time at which Freud renounced its use (Healy, 184). In 1892, the French media was dominated for several months by a murder trial which took place in Paris. A prostitute, named Gabrielle Bompard, had been an accomplice to the murder of a bailiff by her boyfriend Michel Eyraud. In the lawcourt Bompard pleaded innocent, claiming that she had been under Eyraud's hypnotic influence when the crime had been committed. The trial highlighted the perils of hypnosis. It was claimed that not only could practitioners assault female patients (literally 'implant' in them that which should not be there), but also male servants could hypnotize and assault the housewives by whom they were employed. Such rapes would be accompanied by a post-hypnotic amnesia, for the hypnotist could erase all memory of the event. As in the contemporary debates on FMS, the entry of the question of hypnosis into the lawcourt places at risk the historical event. By suggestion, the hypnotist causes either a surplus or an absence of memory. All that this reveals is that the hypnotic process is unable to enter the legal discourse. The law demands an absolute form of witness; hypnosis reveals that this absolute form of memory is itself a fiction and so it is 'dismissed' from the courtroom. In the ruling of the 1892 case, the legal practice of hypnosis was

restricted to the medical profession, and the Catholic Church banned it altogether - a ban which stayed in place until 1955.

The other significant absence from the opening of Leys' article is the major shift that occurred in Freud's thought in 1896 and is cited by Healy as a second reason why Freud was so keen to relinquish the use of hypnosis. This was, of course, the abandonment of the seduction theory, in favour of the Oedipal complex and childhood sexual drives. Healy writes as follows:

Thus in the course of a few years hypnosis was rejected doubly, once in 1892 as a possible socially undermining force that might corrupt morals, and again in 1895 when it revealed significant moral corruption by leading to the unearthing of evidence pointing to the widespread existence and damaging effects of incest and child abuse. (Healy, 185)

In a seeming paradox, hypnosis is now itself responsible for 'the unearthing of evidence'. Previously it entered the lawcourt and intervened in the workings of the legal process to make legal evidence worthless. Now, in a process of excavation, it is turning up its own evidence of the frequent occurrence of the rape of children. How can hypnosis uncover evidence at the same time as it nullifies it? The answer lies in the complex relation of hypnosis to the event that is being enacted here. Hypnosis is capable of uncovering past events which reveal uncomfortable truths. Freud discovered this in the early 1890's when he 'unearthed' buried memories of incest and childhood abuse in his patients. He then rejected hypnosis as a methodological tool in 1896, claiming that it was subject to the taint of suggestion. Simultaneously he turned his back on the seduction theory and replaced it with the Oedipal complex. The notion of suggestion in hypnosis allows Freud to 'cover up' his findings again. Perhaps his patients remembered early sexual drives and it was somehow he himself who implanted in them the memory of an event. However he is not guilty of malpractice, for the processes of suggestion in hypnosis are an 'enigma'. Their workings are mysteriously independent of both therapist and patient. The important point to note here is the way in which the charge of suggestion operates to place at risk the historical event. Freud is able to turn his back on his early work and the events that it has uncovered simply by evoking the single word. The same dynamic also

operates in the contemporary debates regarding FMS. Faced with the same charges of childhood sexual assault precisely a century later, there is some suggestion that the therapist has somehow implanted the memory of the event in the mind of his patient under hypnosis. Again, the effect is to obscure or place at risk the event itself. An interesting variation on the theme is provided by the trial of Gabrielle Bompard. Here the event allegedly occurred only because it was suggested through hypnosis. In legal terms, the event was again nullified or said not to have occurred because the woman was not a participant in her own actions. She was accomplice to the act of murder but the intent was not her own.

The point at which Freud followed contemporary opinion (medical and otherwise) and relinquished the technique of hypnosis, also marks the point at which he departed from the methodology of his French contemporary, Pierre Janet. Janet's continued use of hypnosis in treatment was directly responsible for his eclipse in the history of psychiatric thought. Where Freud conformed to the changes in medicine that were occurring at the turn of the century, Janet continued to refine and systematize the methods that he had always used. From the middle of the last century, medicine submitted to a process of increased industrialization. Drug therapies were promoted with the general belief that a fault in the working of the body could be mechanically corrected. This coincided with a general rise in the standard of health. However this was due not so much to the technological advancements in medicine, as to the dramatic changes that took place in public health, and better nutrition and housing (Healy, 232). In a revealing footnote, Leys compares the way in which Freud and Janet each express their views on hypnosis in relation to the new advances in medicine. In an 1891 article, entitled 'Hypnosis', Freud records:

The chief deficiency of hypnotic therapy is that it cannot be dosed. The degree of hypnosis attainable does not depend on the physician's procedure but on the chance reaction of the patient. (Standard Edition, 1, 111; quoted in Leys, 629-630)

Here Freud criticizes hypnosis on the basis that it is unpredictable in effect. It is precisely for Freud an 'enigma' which is independent of both physician and patient. It

'does not depend on the physician's procedure' but on the 'reaction of the patient'. However this reaction is in itself random, 'chance', and so is outside of the patient's control. For Janet, however, hypnotic treatment is defended as a valid form of medicine. It is indeed a more valid form of medicine for him than drug therapy. Quoting from an article by Max Eastman, he argues that he only treats his patients with a 'helpful idea', whereas other physicians introduce 'capsules' into their patients, which have any number of harmful effects.

It is difficult to see why it is any more a suspension of judgement to let a physician you have decided to trust lodge a helpful idea in your mind, than to let him lodge an ominous-looking capsule in your body. (Psychological Healing, 1, 337; quoted in Leys, 629)

In contrast with Freud, Janet clearly assumes a position of responsibility for what occurs in the hypnotic procedure. The physician is in a position of 'trust' and takes an active rôle in the proceedings, carrying out the action that he thinks is appropriate for the cure.

In Leys' argument this question of the responsibility of the physician in hypnosis marks a turning point. She has already divided hypnosis sharply into two methods: either hypnosis heals the patient by soliciting the subject's participation, or it encourages the patient to be subject to the coercion of the physician and so bypasses the collaboration of the self. It is revealing that she contextualizes this in terms of a wider division within the discourse of medicine, which can be regarded according to the position occupied by the subject. Methods emphasizing the collaboration of the subject are subordinate in contemporary Western medicine to modes of treatment in which the subject does not participate in his cure - Leys cites drug therapy and surgery as examples of the latter. What Leys omits to mention is that this division in the medical discourse occurred at the precise historical point at which the debate on hypnosis took place. It provides the immediate background against which this debate was played out. Moreover, its emergence in history reveals that alternatives to this 'either/or' outlook do exist. I will be arguing that Janet's theoretical approach resisted the new advances in medicine that surrounded him. He operated in a framework within which both physician

and patient assumed an active rôle, and in which there was no sharp division of the body (as a mechanical unit) away from the other modes of functioning of the subject.

Leys divides hypnosis into two methodologies. In the first, hypnotic treatment depends on the expression of the emotion that triggered the symptom. In the trance state, the traumatic event is reproduced or relived with all the emotional intensity of the original experience. For this method of treatment, the conscious participation of the subject is unnecessary. In the second mode of cure, the relief of symptoms is provided not by an affective reliving but by narrative recall. The memory of the event is consciously reintegrated into the patient's history. This requires that the patient have some degree of involvement in his own cure. The problem with this 'either/or' approach lies in the status of the event. In both sides of the equation, the event is placed radically at risk. Leys finds that when the event is relived in the present, the emotions that are experienced are emotions of the present. It is impossible to feel an emotion as belonging to the past. Emotional catharsis in the hypnotic state thus comprises an acting out in the present. There is no consciousness of the lived experience as past or as a component of the patient's individual history. Attempts to force the patient to recognize the event as past by introducing the past tense into dialogue, have resulted in a confusion so profound as to result in a loss of consciousness. What this amounts to is that the patient acts out the event in a profound forgetfulness of the self - the event may be reproduced in precise detail but it is not remembered and so it is placed at considerable risk.

The alternative to this is to involve the patient in a process of active participation, in which the event is introduced into consciousness and incorporated into a narrative. In a narrative formulation the event is remembered as past. It coincides with the individual's sense of self and is able to be told and retold at will as part of a personal history. It forms part of the patient's autobiography. For Leys this marks the 'goal of therapy' (Leys, 647). If the patient is able to participate in his own history, then the cathartic process is complete. What Leys fails to take into account at this point in her argument is the status of the event in the narrative process. Janet recognized that narrative itself places the event at risk. He pointed out repeatedly that to narrate an

event was to manipulate it - to show different points of view, to shorten or lengthen the time sequence, to alter the order of events. In short, to narrate an event is to change it. This is inherent in the process of narrative which is not capable of preserving the event unchanged or intact. The 'either/or' process of thinking thus involves a double bind: if the event is reproduced exactly, then it is not remembered; if the event is remembered and so narrated, then it is subject to radical alteration. In either case, the event is lost.

In her reading of Janet, Leys employs the same binary framework. She divides Janet's view of the memory into two distinct halves: 'traumatic memory' and 'narrative memory'. 'Traumatic memory' exactly repeats the past, but without it entering into consciousness. 'Narrative memory', on the other hand, narrates the past as past and integrates it into a personal history. This is familiar ground. Leys argues further that for Janet the aim of therapy is to convert the traumatic memory into narrative memory. The end result is for the patient to be able to tell what has happened to him or her. She quotes Janet: 'The ultimate goal...is to put the story...into words' (quoted in Leys, 648). However this quote does not stand alone in Leys' article. She also includes another quote by Janet which is very revealing: 'Janet described normal memory as "the action of telling a story". Traumatic memory, by contrast, is wordless and static' (Leys, 648). Throughout her analysis, Leys has been operating on a clear division of the body from the so-called 'higher functions' of mental and linguistic capacity. In her own words, she has been: 'Implicitly embracing the traditional distinction between the lower emotional appetites and the higher functions of rational control' (Leys, 626). 'Traumatic memory' is thus enacted through the body, which merely becomes a screen onto which symptoms are projected. The body is given a passive rôle in symptom formation. 'Narrative memory', on the other hand, is an entirely linguistic phenomenon in which bodily symptoms are 'converted' into verbal expression and so disappear. I would argue that Janet in his writing begins to dissolve the radical divide of the body and mental processes. 'Narrative memory', far from replacing the body, in fact reproduces its movements, so that the story that it tells is an 'action'. Similarly 'traumatic memory,' although it is manifested in movements of the body that are beyond the subject's

conscious control, is paradoxically 'static', just as the body is usually stationary when a story is being told. I will be arguing that what is important for Janet is not the division of body and mind, but whether an event is integrated into a consciousness which is itself constructed around an image of the body. For an event to register in consciousness, activity is required on every level of the organism. The narrative that tells of the event is an 'action' in that it works to integrate present and past experiences into a coherent formulation. On the other hand, if an event is not integrated into consciousness, no amount of bodily movement will constitute an 'action' that is willed by the whole organism, but it is rendered 'static' by its independence from the whole.

Leys has established a framework in which hypnotic treatment is divided sharply into two. One method of treatment requires the subject to be an active participant in his own cure, while the other bypasses the subject's involvement. In a footnote, she then allies Freud with the former method of treatment. For Freud the outcome of hypnosis 'does not depend on the physician's procedure but on the chance reaction of the patient' (quoted in Leys, 629-630). Further, Leys implicates Janet in the latter method of treatment, in which the 'physician's procedure' entirely determines the outcome. Janet used a hypnotic procedure, 'the efficacy of which did not depend on the patient's insight or awareness' (Leys, 629). Leys operates here in terms of the binary opposites that I have already demonstrated to be historical determinants, which emerged in the discourse of late nineteenth-century medicine. Having placed Janet in this 'either/or' framework, Leys now proceeds to the point of the argument. She 'unearths' that which the theorists of the 1980's failed to uncover in their 'plundering' attempts to revive Janet's work. What Leys claims to have discovered is that Janet's methods of treatment were based not on attempts to remember or reconstruct the event, but rather on notions of forgetting. Through suggestion, Janet would eliminate from his patient's mind those traumatic aspects of the event which were the cause of the hysterical symptom. This clearly places Janet as physician in a position of coercion, in which he bypasses the subject and causes an absence of memory.

The problem with this interpretation is that it does not take into account the nature of narrative itself. Janet was introducing into the memories of his patients an element of flexibility. The case studies that are cited by Leys in her article are of some significance here. She tells the story of Marie, one of Janet's most celebrated patients. Janet found that in Marie the onset of menstruation was always closely followed by a hysterical fit, in which delirium alternated with muscular tremors, and the menstrual period abruptly ceased. The end of each hysterical crisis was followed by the vomiting of blood, after which the patient returned to full health until the onset of the next menstruation. Under hypnosis Janet was able to retrieve the memory of an event that had occurred six years earlier and since then had been known only incompletely. At the onset of her first menstrual period, Marie had plunged into a tub of freezing water in a successful attempt to stem the flow of blood. The shock had produced shivering and delirium for several days, after which her periods had ceased completely for an interval of five years. When menstruation had recommenced it was accompanied by the symptoms outlined above. The way in which Janet treated Marie was to alter her fixed and unchanging reconstruction of the event. In hypnosis he suggested to her that her initial period had only lasted three days and had ended naturally. As a result, subsequent periods lasted for three days and ended without any symptoms reappearing. The method of treatment involves introducing flexibility into the patient's internal account of the event.

The only other example mentioned by Leys is that of Irène, Janet's most frequently cited case history. Since the death of her mother, Irène had been subject to periods of 'acting out,' or hysterical crises in which she exactly repeated the events of her mother's illness. During the intervals in which there were no symptoms, Irène possessed no memory of the fact that her mother had died. Again Janet's treatment aimed to introduce flexibility into the account - although this time he leaves no record of the way in which he succeeded in doing this. He comments merely: 'After much labour I was able to make her reconstruct the verbal memory of her mother's death' (Psychological Healing, 1, 680-681; quoted in Leys, 658). However, Leys indicates the way in which

Janet allies the mental assimilation of the event with a process which he terms as 'liquidation' (Leys, 659). She argues that this implies a close relation in Janet's work between the narrativization of memory and the 'liquidation', or disappearance from consciousness, of those aspects of the event which are traumatic. In Janet's method of treatment, to tell the story is to forget the event.

It is instructive to look at some of the case histories that Leys omits from her article. The two case histories that she cites are linked up for her by their emphasis on the elimination of the traumatic aspects of memory, or the process of forgetting. However in other cases Janet added elements to the traumatic memory, in order to transform a disturbing memory into one with pleasant associations. Janet now produces not an absence of memory, but rather a surplus. An example of this was Justine, a patient whose hysteria arose from the traumatic event of witnessing two naked corpses which had been victims of cholera. Following Leys' schema it would be anticipated that Janet would eliminate altogether the memory of the corpses through suggestion and so heal through the process of forgetting. This is not what happens. Instead Janet suggests in hypnosis that the corpses be remembered as clothed. Furthermore he identifies one of the corpses with a Chinese general whom the patient had admired in a procession, thereby introducing a pleasant association. Finally he identifies the word 'cholera' with the name of the general so that this no longer disturbs. A simple question arises at this point. If the therapeutic process is for Janet a matter of eliminating the unpleasant aspects of a memory, so that the patient is taught to forget the event - a process akin to the surgical removal of body parts, as Leys herself suggests - why then does Janet take such considerable pains to elaborate these fictions? A more complex process than simply that of forgetting suggests itself.

What Janet appears to be doing here is operating with a full consciousness of the nature of narrative itself, which is inherently flexible and shifting in terms of perspective and sequence of events. Janet is operating within these constraints. His work does not comprise a betrayal of the event, but an incisive recognition of the only way in which the event can be known. Where Leys appears to demand an absolute version of the event

(which is an impossibility), Janet recognizes that the event must be approximated. I contend that his work explores the way in which the event may be most closely approximated, while simultaneously recognizing that there is no regulation or law that can be applied to the process. Each individual event requires an equally individual method of approach. This perhaps explains why Janet resisted a 'grand scheme' for his work, such as Freud created in the discipline of psychoanalysis.

An overall pattern is emerging in relation to Janet's work. Throughout this chapter Janet appears to be resisting the absolutes that arise from a methodology which is based on binary opposites. He resists the mind-body split that was occurring in the discourse of late nineteenth-century medicine. He conforms to a flexible mode of narrative which is more complex than the opposition 'true-false' can take into account. In other words he does not operate on an 'either/or' basis. I have linked this to the historical period in which Janet was writing, in which the technologization of medicine resulted in a split between a body which could be mechanically treated, and a mind that was increasingly the subject of the new science of psychoanalysis which was emerging out of neurological studies. The importance of Janet's work appears to be his resistance to these new developments, so that he still treated the organism as a whole. This has resulted in his work being almost entirely neglected in favour of Freudian analysis. However, it currently marks an exciting new point of departure for contemporary theorists.

In Images of Trauma, David Healy suggests another change that was brought about by the developments that were occurring in medicine in the latter half of the nineteenth century. He writes:

As noted, the other consequence of the demise of the humoral theories of illness has been the loss of a common language shared by doctor and patient. The increasing mechanization of medicine is seen by many as threatening the fundamental basis of medical therapy, which traditionally has involved in the first instance an empathic witnessing of the existential situation of another and a proscription to do no harm rather than an injunction to be an effective technician. This possibility is seriously compromised by the loss of a common language. One of our most urgent tasks is the recovery of such a language; such a recovery I believe will require some attempt to put in place a modern definition of what it is to be human. (Healy, 232-233)

It is clear that what occurred in the latter half of the last century was a split in medicine which consigned the 'empathic witnessing' of another's predicament to the realm of psychoanalysis, and caused the physician of the body to become a mere 'technician'. The psychoanalytic cure was almost entirely devised around the 'recovery of a common language' between patient and therapist. Simultaneously this project effectively disappeared from those modes of medicine which were concerned to treat the body. What Healy appears to be calling for in this passage is not merely that the methods of psychoanalytic therapy be imported into the surgery. His proposal comprises a more radical demand that there be an attempt to 'heal' the rift that has occurred in medicine itself. He anticipates the possibility that the subject may be treated once more as a whole organism, without the intervention of the 'body-mind' divide. In the words of Healy, to combine the discourses of psychoanalysis and mainstream medicine is necessarily 'to put in place a modern definition of what it is to be human' (Healy, 233).

I am arguing that this 'modern definition' of the human is in fact a return to the concept of the subject which prevailed in medicine before it was radically split. Is Janet's idea of the subject able to aid this project? Does his treatment of the patient in the hypnotic state help to define the way in which he approached the rôle of the subject in therapy? This leads back to the debate on the perils of suggestion. Leys has established Janet as a therapist who bypasses the subject altogether and, through coercion, eliminates memories that are integral to the subject's sense of selfhood. This can be expressed in terms of the metaphor that introduced this chapter. The buried memory can be thought of in terms of the city buried in ashes, that is reminiscent of Pompeii. As a therapist, Janet is involved in a process of excavation work to 'unearth' the buried memory.² The question that is demanded by Leys' text is whether Janet is able to

² Freud notably also uses the imagery of archaeology, in order to articulate the nature of the buried memory. In his 1937 paper, 'Constructions In Analysis', he writes of the memory which the analyst seeks to uncover: 'the archaeological object occurs only in such rare circumstances as those of Pompeii or the tomb of Tutankhamun. All of the essentials are preserved; even things that seem completely forgotten are present somehow and somewhere, and have merely been buried and made inaccessible to the subject. Indeed, it may, as we know, be doubted whether any psychical structure can really be the victim of total destruction' (*Standard Edition*, XXIII, p. 260). It is notable that Freud allies the project of psychoanalysis only with the 'rare' archaeological finds of Pompeii and Tutankhamun, which were characterized not only by the extreme value and age of what was unearthed, but also by the remarkably

successfully complete this work, so that the memory is not only uncovered but also 'brought back to life'. She answers this question herself in no uncertain terms: Janet is a 'marauder' who 'plunders' the mind and eliminates those parts of the memory that are inappropriate. Viewed in these terms, the text of Leys' article operates in a curious double movement. She 'unearths' evidence which proves that earlier theorists of Janet's work were in fact 'marauders' who eliminated from his writing that which did not accord with their project. But curiously that which she has 'unearthed' is nothing other than evidence that Janet was himself a 'marauder' of the mental processes, who eliminated from the memory that which did not accord with his own project of curing the symptom.

The crucial question that arises at this point is as follows. To what extent does Janet engage the subject who is under hypnosis in dialogue? Are there any attempts in his work to establish a 'common language' with the patient whom he is treating? I wish to argue that this was precisely Janet's project, while he simultaneously took into account the full complexities of the 'language' with which he was dealing. In Leys' account of the method by which Janet treated Marie there is a clear reference to Janet engaging in dialogue with his patient, which encourages an alternative reading of the

intact nature of the finds. In most archaeology, only fragmentary evidence is uncovered, and many of the 'essential' items are destroyed; it is this incomplete preservation of the past, which involves the archaeologist in a process of 'interpretation' of the site that he unearths. In allying psychoanalysis exclusively with those archaeological finds which are intact and fully preserved, Freud arguably denies the important rôle of interpretation in approaching the events of the past.

Interestingly, Freud's other notable reference to archaeology reverses this association. In 'Female Sexuality' (1931), Freud elaborates on his increasingly contentious theories regarding female sexual development. He rejects the 'Electra complex' (his former suggestion that female sexuality followed a parallel development to that of males) in favour of a 'pre-Oedipal' attachment to the mother, which he sees as decisive to female sexual orientation. However, the 'pre-Oedipal' phase is 'shadowy' and 'difficult to grasp'; Freud has self-admittedly not 'succeeded in seeing my way through any case completely'. At the limits of analysis and thrown onto interpretation, Freud returns to archaeological metaphor: 'Our insight into this early, pre-Oedipus, phase in girls comes to us as a surprise, like the discovery, in another field, of the Minoan-Mycenean civilization behind the civilization of Greece' (Standard Edition, XXI, 226). Freud refers here to the work of the British archaeologist Sir Arthur Evans (1851-1941), whose excavations of the palace of Knossos in Crete, around the turn of the century, provided evidence for the existence of the Minoan Bronze Age civilization. In this metaphor, Freud 'excavates' a more primitive psychic arrangement than the Oedipus complex, just as Evans uncovered evidence for a society prior to the civilization of ancient Greece; but there is also a suggestion that the 'shadowy' or obscure nature of the archaeological finds reflects Freud's tentative and incomplete ideas on female sexuality. The startlingly contemporary appearance of the finds at Pompeii and Tutankhamun's tomb is replaced by a sense that the past is 'grey with age' and 'almost impossible to revivify' (Standard Edition, XXI, 226). By analogy, it seems that the problem of female sexuality has placed at risk the project of psychoanalysis itself: it represents a 'psychical structure' which appears to be the 'victim' of almost 'total destruction' (Standard Edition, XXIII, 260).

case. Quoting Janet's own words, Leys writes: 'Based on Marie's re-enactments in the trance state, Janet was "able to recover the exact memory of a scene which had never been known except very incompletely".' (Leys, 648) In collaboration with Marie, Janet establishes a 'common language' through which the event can be recovered. This utilizes the language of enactment, which is the only medium of expression that is available to Marie, and combines it with Janet's language of interpretation to 'recover the... memory of a scene.' Patient and therapist seemingly operate in collaboration to establish the traumatic event. The starting point for Janet is thus the recovery of the exact event. However, this does not provide a cure. Simply uncovering the past does not necessarily transform a neurosis. What is required is that the patient be able to tell her own story, or that she possess an internal narrative of the event. Hence the shift into narrative, which Leys argues not only falsifies the event but also bypasses the subject. A single glance at Justine's case history, in which the symptom arose from witnessing victims of cholera, provides evidence to the contrary. In this treatment, Janet transformed the disturbing images into pleasant associations in full co-operation with the patient's internal imagery. Justine herself suggested the image of the Chinese general with which Janet then clothed and named the corpse, which was at the root of the disturbance. This suggests that the way in which Janet operated was less a form of 'coercion' than one of active co-operation with the subject.

I would argue that, on the contrary, it is Freud himself who is implicated in the 'coercion' of his patients. In the founding of psychoanalysis, Freud divorced himself from the practice of hypnosis and from the notions of 'coercion' that were implicit for him in techniques of suggestion. In place of hypnosis he installed the so-called 'talking cure', in which he followed threads of associations to reveal a story that made sense. He argued that if he had simply suggested his own preconceptions to the patient, then the story would not make any sense. Any material that had been inserted by him would show up clearly. It appears that Freud and his patient work together to excavate the buried memory. However, what happened in practice was very often a different case. The patient would thus retrieve images and associations in the therapeutic session.

These would then be subject to a vetting procedure, in which Freud arbitrated as to which images and associations were relevant to the analytic project. In this way the 'language' that was the product of Freudian analysis was often not 'common' to both therapist and patient; it was not the result of a shared attempt at communication. Rather it was a process in which the patient articulated a series of communications, while the analyst was in the elevated position to say which of these would be sufficiently privileged to enter the realm of discourse.

In this introduction to Janet's work, I have thus argued that he occupies a crucial position in the history of medicine. He was writing at exactly the point at which the medical discourse divided into two sectors, so that the treatment of the body was separate from the analysis of mental processes. I have indicated that Janet resisted these changes in contemporary medicine and continued to treat mind and body as a unit, so that illness was defined for him as something that affected the organism as a whole. What I will be concerned to explore in the remainder of the chapter is not the way in which Janet departs from the medical practice of his contemporaries, but rather the way in which he is concerned to ally himself to an alternative tradition of medicine which he himself 'unearthed'. In his biographical outline of Janet, Ellenberger describes the former's intense interest in the work of early therapeutic hypnosis. This was carried out in the early nineteenth century by 'magnetizers' such as Mesmer and Puységur (Ellenberger, 339). Janet had an extensive and rare collection of their books and uncovered their almost forgotten work not only in his volumes but also in his patients, some of whom (for example, Léonie) had formerly consulted these therapists and revealed under hypnosis some of their techniques. This fits with Janet's lifelong commitment to the techniques of hypnotic therapy. But these thinkers also introduced into his work the concept of psychological energy. This combined in Janet's thinking with a tradition of philosophy which speculated on the rôle of vision and each of the other senses in mental life. Ellenberger mentions that Janet had read Maine de Biran (1766-1824), a philosopher who elaborated a construction of the mind which was based around the effort of the organism as a whole (Ellenberger, 402). In short, Janet inherited

a tradition of speculations on the nature of the body and the way in which the body and mind interact. He identified himself with those thinkers who contributed to early studies of what is now termed the 'body image'. Throughout the rest of this chapter, I will be concerned to explore the way in which Janet works within and radically extends this alternative tradition of medicine, in his writings and in his analytic practice.

JANET, FREUD AND THE HYSTERICAL PARALYSIS

Dragging feet, feet with sharp cramps, feet that swell and limp, feet that are suddenly too heavy to move, feet that support legs frozen in contractions, give Studies on Hysteria a strange rhythm and rocky gait.³

In the quotation above, the dance theorist Peggy Phelan suggests that as a symptom, the hysterical paralysis is characterized by its 'strange rhythm', so that its movements are not performed 'in time'. As a theorist of the hysterical neuroses, Freud notably moved 'in time' with the current developments in the field: his founding of psychoanalysis coincided with the contemporary split in medicine, so that the mind was treated separately from the body, and consequently psychoanalysis attained a privileged status in the history of psychiatric thought. Janet, like his patients, 'dragged his feet' in relation to current ideas and was notably 'out of step' with his contemporaries. As a theorist, Janet thus appears to be affected by the symptomatology of his subject(s), and to work in a mode which, I have argued, is characteristic of the history of trauma studies. In this section, I wish to focus specifically on the hysterical symptom of paralysis, and to compare Janet's approach to the condition with that of his contemporary, Sigmund Freud. It is anticipated that this close analysis will provide a clear insight into the differing approaches and methods of treatment of the two therapists.

It appears that both Freud and Janet developed theories on the hysterical paralyses at approximately the same time. In their writings on the subject each reveals a

³ Peggy Phelan, 'Dance and the History of Hysteria', Corporealities: Dancing Knowledge, Culture and Power, ed. Susan Leigh Foster (London and New York: Routledge, 1996), 90-103 (p. 90). Further references to this article are given after quotations in the text.

mutual awareness of and indebtedness to the other's work. However, both theorists contribute to the field in a way which is highly individual. I have chosen to examine in some detail one paper by each writer, which seems to me to be representative of their theoretical approach. I have selected by Freud 'Some Points for a Comparative Study of Organic and Hysterical Motor Paralyses', which was written between 1888 and 1893 and published in the latter year.⁴ By Janet I will look at 'Paralyses - Diagnosis' which comprises 'Lecture VII' in The Major Symptoms of Hysteria.⁵ This volume, published in 1907, contained a series of fifteen lectures which were given by Janet at Harvard University in October and November 1906, and drew on his previous findings.

In his paper, Janet outlines a diagnostic guideline to the hysterical paralyses, which provides a useful approach to the contributions made by each analyst. He argues that the 'modern' method of diagnosis is by 'intrinsic examination', in which attention is largely focused on the paralysis itself and its clinical characteristics. Alternatively there is the 'outmoded' method of 'extrinsic examination', which takes into account the patient's psychological condition. The article provides a clear representation of Janet resisting contemporary movements in the medical field. Modern medicine confines its attention to the body itself - what has ceased to function and how it may be mechanically improved. Janet already introduces into the diagnostic procedure a method of treatment which was then outmoded, but which took into account the response of the organism as a whole.

In his paper, Janet aligns Freud with the method of 'intrinsic examination' observing: 'An Austrian author, Professor Freud, has insisted a great deal on this point' (Major Symptoms of Hysteria, 145). Freud's article bears out this observation and does indeed 'insist a great deal' on the clinical aspects of the case. Freud conforms to the advancements in medicine by confining himself entirely to describing those phenomena

⁴ Sigmund Freud, 'Some Points for a Comparative Study of Organic and Hysterical Motor Paralyses', Standard Edition, ed. and trans. James Strachey, (London: Hogarth Press, 1966), Vol. I, 160-172. Further references to this article are given after quotations in the text.

⁵ Pierre Janet, 'Paralyses - Diagnosis', The Major Symptoms of Hysteria, (New York: Macmillan, 1907, repr. New York: Macmillan, 1920), pp. 138-158. Further references to this paper are given after quotations in the text.

that he is able to observe in the affected body part. He catalogues the differences in the mechanical operation of the limb, between the paralysis that is hysterical in origin and that which derives from organic causes. The first difference that he observes is the severity of the paralysis which originates from a hysterical source (Standard Edition, I, 163-164). In an organic paralysis, efforts at movement will be clearly visible. In the case of a paralysed arm, for example, there will be muscular twitches throughout the surrounding body region. However, in hysterical paralysis the arm will be completely inert. There will not even be the shadow of a movement. This comparison is even more marked when the affected body part is a leg. In an organic paralysis of the leg, the limb is manipulated by a movement of the hip to enable a form of walking to take place. A movement of circumduction brings the leg forward to participate in the action. In the hysterical paralysis, however, the hip no longer makes any effort towards motility and the leg is characteristically dragged as an inert mass. Janet follows the Greek neologisms of his predecessor Charcot to describe the phenomenon. The subject affected with an organic paralysis has a helicopode walk, while the subject affected with a hysterical paralysis has a helcopode walk (Major Symptoms of Hysteria, 146).

The second difference between the hysterical and organic paralyses that is noted by Freud lies in the issue of localization. In the organic case, the paralysis is not confined to the affected body part, but will also modify the behaviour of surrounding areas. A paralysis of the hand, for example, will affect those muscles of the forearm which direct the movement and co-ordination of the fingers. In the case that is hysterical in origin, the paralysis is more limited in affect. It remains exclusive to the particular body part that it afflicts. This will be sharply divided from the rest of the body in a curiously geometric segment. Hemiplegy (paralysis of half the body) stops just short of the median line that divides the body, splitting into two equal segments the forehead, mouth, nose, breast and abdomen. Hysterical paralysis of the hand terminates in a line at the wrist, forming a distinct 'bracelet'. Paralysis of the arm ends abruptly in a jacket sleeve; while paralyses of the foot or leg cease in a sock or stocking respectively. Freud finds that hysterical paralysis always affects a group of muscles en masse but never

moves beyond a sharply delimited area. His concern is to provide a diagnostic tool, by which the physician is able to distinguish reliably between a paralysis that is hysterical in origin and one that is caused by an organic lesion.

It is Janet's work on the hysterical paralyses that contextualizes these observations in the framework of the body schema. In his paper, Freud clearly attributes to Janet the idea that the sharply terminated segments of hysterical paralysis correspond to popular conceptions of the body and the organs:

I follow M. Janet in saying that what is in question in hysterical paralysis, just as in anaesthesia, etc., is the everyday, popular conception of the organs and of the body in general. That conception is not founded on a deep knowledge of neuro-anatomy but on our tactile and above all our visual perceptions. (Standard Edition, I, 170)

The organic paralysis corresponds to the anatomical model of the body. Paralysis of the hand, which is organic in origin, will extend to those muscles in the forearm which are concerned with movements in the hand. However in hysterical paralysis an alternative model of the body emerges, which is organized according to 'our tactile and...visual perceptions.' There is an alternative body schema which is not a representation or mapping of the body surface. It does not represent a diagram of the anatomical body. Rather, it is a map built up through the motility of the lived experience of the body itself, the way in which it is experienced to function in everyday activities. Actual bodily physique plays only a small part in the construction of this body image. It would not be strictly accurate to limit the body-image boundary to the body wall. The wall acts as a primary reference point, but the body schema may well encompass, for example, clothes or the area within reach of the individual's musculature. The area which surrounds the body is invariably a zone of particular sensitiveness, which is in some way an extension of the body image. Every change in the posture of the body also changes this surrounding zone. The body image thus does not mirror exactly the body surface. Contemporary theorists of the body image, Seymour Fisher and Sidney Cleveland, have suggested that this is paradoxically to remove the 'body' from the 'body image'.⁶ This is

⁶ Seymour Fisher and Sidney Cleveland, Body Image and Personality, (New York: Dover, 1968), p. 367. Further references to this book are given after quotations in the text.

not true; what it does remove from the body image is the notion of the anatomical model. The clinical version of the body, which is represented in the anatomical diagram, forces it into an absolute form. In his article on the organic and hysterical paralyses, Freud indicates that there is only a single anatomical model, to which the organic paralysis conforms. In logical terms this cannot therefore also be a model by which the hysterical paralysis is understood. In Freud's own words:

Since there can only be a single cerebral anatomy that is true, and since it finds expression in the clinical characteristics of the cerebral paralyses, it is clearly impossible for that anatomy to be the explanation of the distinctive features of hysterical paralyses. (Standard Edition, I, 167-168)

To liberate the body image from this closed and rigid model is, in effect, to open up the theorization of the body to the multiplicity of lived experiences.

Freud has already eliminated the anatomical model of the body as a mode of explanation for the hysterical paralyses. It is therefore to the 'body image' that Janet turns to furnish his explanation. The sharply-terminated segments of paralysis, which are characteristic of hysteria, correspond to the way in which the body parts are understood through their use. The hand is seen and felt to operate as a functional unit which ends at the wrist, even though the controlling muscles may be in the forearm. Similarly the arm is experienced, through use, to end at the shoulder and the foot at the ankle. This alternative schema of the body is understood by Janet to co-exist with the anatomical framework. He argues that the body image is an older conceptual organization, based on the way in which the use of the limbs and muscles is experienced. It is not displaced by the anatomical knowledge of the way in which the body operates:

Now this popular conception of the limbs is formed by old ideas we have about our limbs, which we all keep in spite of our anatomic notions. So these hysteric anaesthesias seem to have something mental, intellectual, in them. (Major Symptoms of Hysteria, 158)

Freud had contrasted the 'deep knowledge' of anatomy with the 'everyday, popular' conceptions of the body which are manifested in hysteria. There is an implication in his work that the hysterical paralysis is inherently less acceptable than the organic paralysis, for those who manifest the symptoms are simultaneously displaying a lack of 'knowledge'

or education. A slippage occurs here into the theories of degeneracy that mark early studies of the hysteric. In contrast, Janet insists that these 'popular conceptions' of the body are marked by education; they 'seem to have something mental, intellectual, in them'.

This insistence on education in relation to the body as well as to the mind is integral to the framework of the body schema. Every action that is performed by the body is learnt through a series of complex manipulations of muscles and limbs. Each new movement that is mastered is registered in the body schema as a representation. The body image is thus built up through systems of movements that are grouped by education. Those complexes of activities that have been learnt later in life, for example for professional purposes, are more readily understood as a result of educative processes. The needlewoman's ability to sew, the ironer's knowledge of how to handle an iron, the functions of writing and playing the piano - these are all examples of the latter which are cited by Janet. However, the ensemble of the movements of the legs that is required to walk is also a system that needs to be learnt. Similarly the complex of movements involved in the manipulation of the hand result from a process of education. What happens in hysterical paralysis is that one of these representations is lost from the schema - it dissociates itself and is no longer accessible. The loss of movement in the hand, for example, results from the dissociation of the complex grouping of muscles and joints that has been learnt, and which is necessary to the sophisticated motility that the hand enjoys. Far from manifesting the patient's ignorance of anatomy, the hysterical paralysis, on the contrary, displays the highly organized processes of education that underlie even the simplest of activities. The body is again viewed by Janet not as distinct from the mind but in relation to it as part of the activity of the whole organism. The organization of the body has 'something mental, intellectual' about it. This body schema is an older conceptual framework than the model of anatomy, but is not superseded by it. Janet, in a familiar move, defends an older and alternative mode of medical practice than is used by his contemporaries.

Janet contends that the anatomical model of the body co-exists with the body schema. He does not prioritize either mode of understanding the body. It was a later generation of theorists of the body image, who argued that the body schema was potentially more revealing of the workings of the body than the anatomical model. In the 1920's and 1930's a group of neurologists formed what is now termed as the 'Vienna School' of neuroscience. Influenced by the pioneering work of such body-image theorists as Hughlings Jackson, Henry Head, Weir Mitchell and Pierre Janet himself, and combining these insights with the discipline of psychoanalysis, these men arrived at a much more complex notion of the body image than had hitherto been imagined. By far the most notable of this school of theorists was Paul Schilder, whose landmark study The Image and Appearance of the Human Body was first published in 1935.⁷ Even today it remains the most comprehensive study of the body image yet published. Schilder believed that the body image is capable of revealing knowledge about the body that the anatomical model does not show. He divided the body into a series of interconnective functional units, which he termed as 'passages'. In anatomy, certain passages of the body function in relation to certain other passages. However the functional passages that anatomy outlines, are dependent to a large extent on actual situations in which the body is accustomed to operate. For Schilder, the body image is able to reveal new situations and alternative passages that are not available to the rigid structures of anatomy. The example that he cites is the middle line of the body, which is not normally considered in a functional capacity. In terms of the body image the middle line is essential to the development of spatial awareness, the ability to differentiate left from right. More than this, there is a close relation between the motility of the two sides of the body which is organized around the psychological median line. Schilder cites the example of amputation as a new situation, in which this unaccustomed 'passage' of the body can be seen to operate. Amputees, when ordered to move the phantom or missing limb, have associated movements in the healthy leg or arm. Every effort to movement

⁷ Paul Schilder, The Image and Appearance of the Human Body (London: Kegan Paul, 1935). Further references to this book are given after quotations in the text.

will provoke the contralateral symmetrical associated movement (Image and Appearance, 69). For Schilder, the body image is thus prioritized over the anatomical model of the body, as being able to record a far greater number of situations and to reflect the motility and plasticity that characterizes the body. This marks a development in the theorization of the body image, from the early speculations of Janet.

Another way in which the body reveals the organization of its motility around the psychological middle line, is in the hysterical anaesthesia. In writing of this phenomenon, Schilder claims Janet as his source. He observes the following distinction between the hysterical and the organic anaesthesia:

In hysterical anaesthesia, the individual forgets more completely about the part of the body that he wants to forget, following the demand of the life situation. It is true that we can understand hysterical anaesthesias only if we understand the schema of the body. Janet has shown that patients who are anaesthetic on one side can move their healthy arm promptly. When they are ordered to raise the anaesthetic arm, they move both at once. Another patient obeys the command to raise the arm with a movement of the opposite side. We see again that the change in the perception of the body leads to actions which correspond to the changed perception. (Image and Appearance, 74)

As in the amputee, the desire to move the affected limb provokes an associated action in the symmetrically opposite region of the body. However, the passage reveals more than this. Schilder adopts from Janet the notion that in hysterical anaesthesia the affected body part is not only without sensation but is also lost from the body image. Just as the amputated limb is absent from the anatomy of the body, so the limb that is affected by hysteria is absent from the body image. The reason why the patient is unable to raise the affected arm is because she no longer recognizes it as her own. She 'forgets... completely' about the afflicted body part. This returns the argument to the distinction between the 'intrinsic' and 'extrinsic' methods of diagnosis, outlined by Janet above. In the 'extrinsic examination' which Janet favours, the psychological attitude of the patient is taken into consideration. Using this method, the characteristic sign of the hysteric is his or her absolute indifference to the illness with which he or she is afflicted. The subject is not aware that there is anything wrong. What has disappeared is not the sensation in the limb or body part, but the capacity to realize this sensation and to

connect it with the personality or the organism as a whole. In the formulation 'I feel', the 'I', or the ego built up through previous body sensations and movements, is no longer able to connect with or integrate the new sensation that is experienced. Janet expresses the problem as follows:

[Hysterical] anaesthesia is surely not ordinary absent-mindedness... There is in it a pathological incapacity to collect the elementary sensations in a general perception. In reality what has disappeared is not the elementary sensation;... it is the faculty that enables the subject to realize this sensation, to connect it with his personality, to be able to say clearly: 'It is I who feel, it is I who hear'. (Major Symptoms of Hysteria, 172)

In effect, the afflicted body part falls out of consciousness. This accounts for the absolute nature of the hysterical paralysis, in which no attempt at movement is made. As I have observed above, the patient who suffers from a hysterical paralysis of the leg makes no attempt to manipulate the limb with an exaggerated movement of the hip, to perform the action of walking. The leg is dragged behind because it is no longer recognized as a part of the body. It has effectively been lost from the body schema. The lesion in the hysterical affliction consists in the associative inaccessibility of the body part to the personality as a whole.

An important implication of this in relation to Janet was that treatment should centre not on the body part but on the whole person. This is clearly articulated in the passage quoted above, in which Janet recognizes that the 'elementary sensation' is unimpaired; what requires treatment is 'the faculty that enables the subject to realize this sensation'. In practical terms this meant that his methods of treatment differed greatly from those of his contemporaries. He refused to succumb to the 'either/or' impasse that marked the medical discourse in the late nineteenth century, which meant that the clinician supervised the care of the body, while the mind was relegated to the concern of psychiatry and the emerging science of psychoanalysis. In his method of treatment, Janet attempted to incorporate both body and mind. He believed that psychological forces had a strong physiological basis in the body. He devised what he termed as a 'psychological economy' (économies psychologiques), by which he sought for possible leakages of psychological force. In practice, this involved eliminating those activities in the patient's

everyday life that were excessively energy consuming. In this, Janet demonstrated a clear recognition of social factors, for the two areas which he identified as particularly wasteful of energy were the patient's relationship with the social environment and his or her professional work.

In conjunction with this, Janet was concerned to employ methods which he viewed as energy-increasing. The therapeutic session incorporated body concepts, body movements and muscle tensions. In the words of Henri Ellenberger: 'Suggestive treatment... is not enough. One has to... supplement the psychological treatment with massage' (Ellenberger, 372). Janet believed that both electricity and massage work to a large extent as disguised forms of psychotherapy (Ellenberger, 373). His treatment efforts concentrated on the organism as a whole. Electricity, hydrotherapy and massage provide stimulation of the body surface and so bring into focus for the patient his bodily limits and body representations. Other energy-increasing practices were encouraged in the patient. One of the main sources of reconstituting energy supplies is sleep and accordingly Janet instructed his patients in the best way of preparing for sleep. He taught various techniques of rest and relaxation - the distribution of pauses during the day, of rest days during the month and of vacations during the year. The other main source of energy was nourishment and Janet emphasized the importance of a qualitative diet, which utilized the action of vitamins and other dietetic agents which were only just becoming known (Ellenberger, 380). This was in contrast to his American contemporary Weir Mitchell, renowned for his so-called 'rest-cure'. Instead of altering 'body image' Mitchell changed the body appearance, by combining overfeeding with enforced inactivity. Janet's cure was informed by the new advances in public health, which uncovered the need to be aware of various health issues - among them, the value of nutrition. Janet is here acting within the contemporary framework, using a source of health awareness that is supplementary to conventional medicine to inform his work.

A direct result of Janet's treatment of the organism as a whole is the challenge that is implied to a purely observation-based method of diagnosis. An important shift occurred in the medical discourse, as a result of the historical move to isolate the body in

treatment. Now the clinician was concerned only with that which he could observe. The result was a privileging of vision, which became somehow infallible as soon as it entered into the clinical model of the 'observation' of the patient. I have already demonstrated the extent to which Freud conformed to this model. Freud's paper aims to catalogue all the ways in which a hysterical paralysis can be differentiated from an organic paralysis, by anyone who is observing either of the two cases. The problem with this procedure is the way in which it tends to furnish absolute theorems. The vision that is entailed in clinical observation is somehow no longer subject to the fallibility by which visual processes naturally operate. In his study of hysterical disorders, Daniel Abse indicates, on the contrary, that the clinician is humanly subject to observational errors and must engage in a variety of other diagnostic procedures, to minimize the risk both for himself and for the patient:

human fallibility is especially clamant [*sic*] in observation. We so often see what we expect, not to mention what we want to see, and unfortunately this is sometimes true of the clinician seeking to establish a diagnosis. For the most part we reduce the possibility that we have subjectively distorted our observation by allowing for the refracting influence of our expectations, ...seeking consultation, and engaging in discussion about the evidence.⁸

It should come as no surprise that Janet resisted this move to privilege sight in the medical discourse. In The Major Symptoms of Hysteria, he writes against the new advances: 'We should... not ask the sciences of observation, which are so difficult, to furnish us with absolute theorems' (Major Symptoms of Hysteria, 275). It is noteworthy that Janet is not opposed to the 'sciences of observation' in themselves; it is only when vision is taken as an 'absolute' that he objects. He insists on complexity in relation to the visual processes; in Janet's words, it should not be forgotten that vision is 'difficult'.

Simultaneous to the division that took place in the medical discourse, advances in science conspired to confirm the privileging of the eye. Most notably, the discovery of the X-ray by Röntgen in 1895 meant that sight could penetrate to that which had not previously been visible. It must indeed have seemed that vision had somehow become

⁸ Daniel Wilfred Abse, Hysteria and Related Mental Disorders: An Approach to Psychological Medicine, 2nd edn. (Bristol: IOP Publishing, 1987), p. 121.

infallible. I would like to close this section by returning to the work of Paul Schilder in The Image and Appearance of the Human Body. Schilder cites the image of an X-ray picture of the lungs, which shows up a change that has occurred in the body (Image and Appearance, 181-182). He uses this as an example of what he terms an 'objective phenomenon' of a disease. The X-ray shows up to the physician an alteration in the body of the patient. Although the bodily change is visible to the doctor, it is not experienced by the patient. In this model of the doctor-patient relationship, the physician bypasses the subject, who is unaware of the way in which his body has altered. In contrast, Schilder employs the term 'symptom' to describe a change in the body which is registered on the body image of the patient. In other words, the 'symptom' is not only observable to the physician but is also experienced by the patient. Schilder cites as examples coughing, pain in the shoulder and fever. A more complicated example is that of a cancerous growth. This is an objective phenomenon while the cancerous cells are only observable by the clinician. However, if this is combined with fatigue, weakness and lack of appetite which are experienced at the level of the patient's body image, then the growing cancer becomes a symptom.

The 'symptom', in Schilder's formulation, involves the personality as a whole. It requires that the affected body part be registered on the body image of the patient, or that it be available to the whole personality. Further, it allows for the curative process to involve both patient and physician. The possibility for dialogue is immediately opened up between them. I would argue that the 'symptom' provides a useful formulation, by which Janet's work may be understood. His project could be re-formulated as the transformation of the 'objective phenomenon' of the hysterical affliction into a 'symptom', which the patient is able to experience as his or her own. At the very least, it appears to provide a way in which the division that occurred in medicine at the close of the nineteenth century can be rethought. The 'symptom' of Schilder's formulation appears to be correspondent with the 'common language' that Healy has identified as being absent from contemporary clinical procedure. If this is the case, it reiterates the necessity that in order to re-introduce dialogue into the medical discourse, there must be a 'modern

definition of what it is to be human'. The physician must treat the personality as a whole, and not the body in fragmented parts. This section has demonstrated that Janet was able in his work not only to establish a dialogue with his patients, but also to treat the whole subject. He resisted the advance of twentieth-century medicine and successfully combined clinical and psychiatric procedures in the treatment of his patients.

LUCE IRIGARAY AND THE GENDERED BODY

I wish to devote the concluding section of this chapter to examining a modern text, which derives not only from the analytic field, but also from the emerging discipline of gender theory. Luce Irigaray is both a practising analyst and one of the foremost proponents of contemporary French feminism. I have selected for close reading her essay 'Gesture in Psychoanalysis' (first delivered as a conference paper in 1985), because it addresses the themes which have dominated discussion throughout this chapter.⁹ Irigaray advances a profoundly disruptive reading of Freud's founding of psychoanalysis and she is particularly concerned to (re)locate the body in the analytic session. Following contemporary medical trends, Freud sought to exclude the body from treatment and to focus exclusively on mental processes. Irigaray's concern arises out of the observation that the body is present, although not acknowledged, in psychoanalysis. Her own experience as an analyst has been one of 'paralysis'; dictated by Freud, her physical position has been 'still and seated' ('Gesture in Psychoanalysis', 91). Irigaray resists this confinement: she argues that analysts should 'invent... movements' and suggests 'knitting or doing needlework' while listening to a patient, in order that both therapist and client might retain independence of movement ('Gesture in Psychoanalysis', 91). Her starting point in the essay is her own reactions to the analytic setting, which explicitly link Freud, not Janet, to the symptomatology of his hysterical patients. While Janet merely 'dragged his feet' and resisted contemporary ideas and methods, Freud (Irigaray contends) problematically incorporated the 'paralysed' (motionless) body into

⁹ Luce Irigaray, 'Gesture in Psychoanalysis', *Sexes and Genealogies*, trans. Gillian C. Gill (New York: Columbia University Press, 1993), pp. 89-104. Further references to this essay are given after quotations in the text.

the treatment session. In this section, I will be concerned to explore Irigaray's analysis of the effects of this physical paralysis on both analyst and analysand. She is concerned that Freud not only excludes bodily expressiveness from the analytic session, but that he also removes an awareness of the gendered body. She argues that Freud enacts a form of violence on the body, which he (familiarily) covers over by implicating the violence of suggestion in hypnotic procedure.

Irigaray opens her essay with a 'gesture' towards contextualization. She divides the history of analysis into two periods: in the days of 'Freud and the early analysts', there was some discussion of 'gesture' in psychoanalytic theory. In contemporary psychoanalysis, however, 'the issue of physical activity' is included only in exceptional cases ('for psychotics or children'), or outside the mainstream of classical (Freudian) thought ('Gesture in Psychoanalysis', 91). Freud's work is thus divided according to its inclusion of the body in its diagnoses and methods of treatment. It seems appropriate to Irigaray's reading to place the dividing line between the 'early analysts' and psychoanalysis 'today', in Freud's establishment of his own science of psychoanalysis in 1896. This was the date at which Freud was no longer connected with the 'early analysts' Breuer and Janet, but radically separated himself from their systems of thought. It also marked the date at which Freud relinquished his former methods of treatment and formally dissociated himself from the use of hypnosis.

There does, however, exist in the analytic session a trace of Freud's former methods. It is as though the use of hypnosis is not banished but merely repressed. Irigaray thus describes the analytic scenario. The patient lies on the couch, motionless. The analyst is also still and seated. Irigaray points out that these positions were not arbitrary but were taken over from Freud's former practice of hypnosis. She observes:

Let me start with two essential positions taken up on the analytic stage that analysis took over from hypnosis: one person (originally the woman) is lying down, the other person is sitting down, and facing the back of the first person's head. ('Gesture in Psychoanalysis', 92)

In psychoanalysis, Freud has created a gestural system which is unique. It is foreign to any other situation. Irigaray explains that it is devised to create a situation in which the

economy of discourse and communication is interrupted. The patient is dislocated from his or her habits as a speaking subject. He or she is unable to produce a word or statement that relates to the here and now. The stage is set for remembering ('Gesture in Psychoanalysis', 92-93). In effect, what the psychoanalytic gesture is devised to do is to seize from the subject the power that is associated with address. In the words of Irigaray: '[The patient] is deprived of the power in the present of producing rational speech' ('Gesture in Psychoanalysis', 93). The psychoanalytic gesture is thus one of aggression against the patient. However, Irigaray points out that this aggression is not as it seems. She states in no uncertain terms: 'The position is necessary' ('Gesture in Psychoanalysis', 93). If the patient is to be able to immerse him- or herself in the process of remembering, then a situation outside of normalcy must be created. The gesture of the psychoanalytic scenario is an effective means of achieving this. In a significant statement, Irigaray observes: 'if the analyst knows his or her business, the position does not represent the same seizure of power as in hypnosis' ('Gesture in Psychoanalysis', 93). Irigaray appears to be complicit with Freud here. Hypnosis is the true form of aggression against the subject. Psychoanalysis has divorced itself from the methods of hypnosis and so no longer represents 'the same seizure of power' as Freud practised in his early work.

This passage is remarkably deceptive. In her analysis, Irigaray focuses exclusively on language. The aggression that psychoanalysis performs is against the subject's power of producing speech. It is therefore only a seeming aggression, because it in fact enables the patient to have access to a new level of language. What Irigaray has omitted from her analysis at this point is that in focusing so exclusively on language, psychoanalysis is committing violence to the body that it thereby excludes from the analytic session. In the words of Irigaray: 'One part of the analytic scenario is being expressed by gestures, although this is often neglected in favour of what is being said verbally' ('Gesture in Psychoanalysis', 91). Irigaray is noted for her sophisticated style of writing, in which she consciously mimics the voice of patriarchy, in order thereby to undermine it. I would suggest that this is what is being enacted in this passage. Irigaray

mimics the voice of Freud, claiming that the psychoanalytic scenario only seems to enact a form of violence, in order thereby to reveal the underlying forms of aggression which are inherent in the very foundations of psychoanalysis. Irigaray points out that in the analytic session, neither analyst nor patient remain entirely motionless. The patient may twist a ring, wriggle feet or hands, or adopt a specific position. The analyst may also shift position in a way which affects the patient. The analyst should therefore be aware of his or her own movements, and the communications that he or she is thereby sending out to the patient. At the same time, the physical gestures of the patient may be far from irrelevant to what he or she is saying. The organism as a whole makes a complete statement which must be taken into account. Irigaray indicates that several successful therapeutic outcomes have relied on her awareness of the gestures that contribute an unspoken communication between therapist and patient ('Gesture in Psychoanalysis', 91).

This is not the whole story, however. If psychoanalysis excludes from its confines an awareness of the body, it also thereby excludes an awareness of the gendering of the subject. The patient and the analyst in the psychoanalytic scenario are presumed to be somehow neuter. Obviously, this is not the case. Irigaray questions whether the gestural system of psychoanalysis is experienced in the same way by the man as by the woman. Does it matter whether the analyst is of the same sex or a different sex to the patient? The answer, simply, is that of course it does. Irigaray outlines the reasons for this, stating:

In the first place there is a very simple reason: lying down does not have the same sexual connotation for a man and a woman. It is relatively common for a man, in an erotic situation, to tell a woman to lie down, or to lay her down. This social habit in fact leads to a certain number of rapes of analysands by analysts. It is much rarer, it is in fact exceptional, for a woman to ask a man to lie down, except in therapy. Between persons of the same sex, the connotations are much more blurred. ('Gesture in Psychoanalysis', 93-94)

The gendering of the body is crucial in the power relations of the therapeutic session. For a male analyst to instruct a female patient to lie down, in the psychoanalytic scenario, is also to introduce an erotic scenario. It is such a fundamental seizure of power from the woman that it has been known to lead to rape. The point that Irigaray

appears to be making here is that the aggression of psychoanalysis is not against language, and thereby to be displaced onto hypnosis. The violence that is entailed in psychoanalysis is directed against the body; and is such a powerful dynamic that it may result in the actual situation of rape.

Psychoanalysis is therefore constructed around the exclusion of the body. This means that it is able to ignore the crucial issue of the gendered body. Irigaray states of analysts: 'The high priests of sexuality take very little account of sex in their professional outlook' ('Gesture in Psychoanalysis', 94). There is no account taken of even the most basic biological facts. One defence that is raised for this is that analysis creates a return to 'childedness', Irigaray's own word ('Gesture in Psychoanalysis', 94). Of course, psychoanalysis is infamous for its claim that the child is neuter until it reaches the genital stage, and the correspondent Oedipal crisis. Irigaray disputes this claim. She turns to the text of the 'fort-da' game, in which Freud describes his grandson Ernst playing with a reel at the end of a piece of string, while his mother is absent. Here Freud describes the gestures of a child. But the child is not neuter. The child is a boy, Ernst, and Freud never implies that he could be substituted by a girl ('Gesture in Psychoanalysis', 97). Irigaray questions what is specific about the gestures of Ernst which gender him male. How do his bodily gestures differ from the way in which Freud's (hypothetical) granddaughter would have behaved? Irigaray writes very definitely on this point:

What I wanted to point out in relation to the story of Ernst is that neither we nor Freud usually interpret the fact that it is with a gesture of the hand and arm, accompanied by certain spoken syllables, that the little boy masters the absence of his mother and is thus able to enter the symbolic universe. What happens later to those meshed articulations of arm and sound-making apparatus? And another question: is Ernst walking or stationary when he performs the fort-da? Probably he is not walking. He is not using his legs to find his mother. Why? Why does he stay still, as if his legs were paralyzed? He looks for his mother with arm and mouth. Perhaps with ears too? ('Gesture in Psychoanalysis', 96-97)

Irigaray locates the gender of the male child in his seeming paralysis. He does not walk to search for his mother, but remains stationary. He sits as if he is paralysed.

What then of the girl? How would a girl have behaved if she was faced with the absence of her mother? For Irigaray, the female child has a specific series of gestures by

which she is gendered female. She dances, she skips, she spins round. In all of these gestures, Irigaray is concerned with the way in which the girl produces around her an energetic circular movement, whether by means of a skipping rope, or by her own body. The girl describes a territory with her body. Simultaneously the spinning motion both attracts and defends. She solicits and refuses access to her territory ('Gesture in Psychoanalysis', 98). What is vital to Irigaray in this formulation is that the girl keeps her whole body in motion. While the boy gestures only with his hand and arm, keeping the rest of the body stationary, the girl acts as an entire organism. Irigaray writes:

Women's pleasure does not demand that they isolate an arm or a hand in order to master the other; they keep all their limbs, all the body in movement, especially their legs. It is interesting to note that the paralysis of female hysterics described by Freud and Breuer affects the legs. Paralysis strikes in different ways depending upon whether the trauma is recent or longstanding, and, sometimes, upon whether the author of the trauma is a man or a woman. This is well described by Freud and Breuer. Nonetheless, I am not happy with the interpretation they give of hysterical paralysis. In my opinion, the pain comes from the loss of, or inability to achieve, autoeroticism, which the female body expresses differently from the male. ('Gesture in Psychoanalysis', 100)

Irigaray's unhappiness with Freud and Breuer's explanation of the paralyses appears to derive from the way in which they describe it as affecting the 'legs'. Their analysis of the hysterical paralysis 'isolates' a body part, which is then treated as a unit apart from the rest of the body. For Irigaray, the hysterical paralysis should be sited in the mark of difference which separates the female mode of bodily 'expression' or gesture from the male. The female gesture is described precisely by Irigaray: women 'keep all their limbs, all the body... especially their legs'. The hysterical paralysis is sited for Irigaray in the organism as a whole. The problem with Freud's explanation is that it isolates body parts, treating them as separate units. Irigaray thus sites her discussion of the difference between the male and female 'gesture', not only in the discourse of the hysterical paralysis, but in the very point of difference between Freud and Janet. It appears that in order to describe the female gesture, Irigaray is reaching back beyond the theories of Freudian psychoanalysis to the work of Janet, which incorporates theories of the body image into the treatment of the organism as a whole.

The fort-da game did not only represent for Ernst the way in which he came to terms with the absence of the mother. It also marked his point of entry into symbolic language. Irigaray therefore questions how the girl, who does not play this game, would enter into language. The answer for Irigaray is located in a phonetic analysis of the language used by the male child and the female child. The male child cries out two words, 'fort' and 'da'. Both of these words are composed of dental sounds, which are stopped by the teeth. They do not get out of the mouth. The sounds vibrate in the mouth and reverberate in the ears. The search for the absent mother is internalized, in an act of appropriation. What then of the female child? How would she call for the mother's return? Irigaray argues that she would say, 'maman' ('Gesture in Psychoanalysis', 100). In phonetic terms, she is therefore allied with labial sounds. She does not master the absence of the mother by a process of incorporation. The lips are largely closed in a hum. This closing of the lips marks a positive sign of difference between the male child and the female child. The woman's language is centred around the lips, the labials as opposed to the dentals, the threshold to the mouth.

Irigaray turns in conclusion to her essay, to an analysis of the case of Dora. The neurosis of Dora stemmed from the attempts of Herr K. to kiss her. There is a form of aggression against the body, which is centred on the lips. In Irigaray's analysis of the case, this act of violence against the bodily threshold was sufficient in itself to lead to the development of a neurosis. The forcing open of the woman's lips, against her will, is a violation of the very mark of difference by which the woman experiences her gendered identity. But what of Freud's analysis of the case? Does the body enter his analysis at this point? Irigaray points out that Freud's analyses of female neuroses often locate a connection between the formation of the symptom and the oral stage of development. Moreover, he often places a particular emphasis on the lips, as a bodily threshold. However, for Irigaray, Freud's analyses are 'reductive' of the woman's body ('Gesture in Psychoanalysis', 101). She argues that in his theories of the oral stage, Freud operates on a mechanism of 'displacement' ('Gesture in Psychoanalysis', 102). What Irigaray appears to be objecting to in Freud is the way in which the oral stage is centred less on

the mouth, than on the libido with which the mouth is invested. Although Freud initially appears to base his psychoanalytic theory on an awareness of the body, it soon becomes apparent that his interest lies in the theories of the libido which traverse the body, and which mark the site of his investment in the body. It appears that once again Irigaray is attempting to penetrate beyond Freudian thought, to a theoretical system in which the body forms a focus and not merely a 'substitutional mechanism' ('Gesture in Psychoanalysis', 102). She seems to reach back to the work of Pierre Janet, in which the lived experience of the body forms the central theoretical model.

Throughout her essay, Irigaray incorporates a critique of psychoanalysis, which allies it to the increasing move toward technologization. In her discussion of Freud's assignment of a neuter gender to the child, she contends that this is a direct result of the embeddedness of the psychoanalytic movement in the processes of technology. Technology constructs itself in terms of a neutral energy, which can compete with and mimic the machine. For Irigaray, psychoanalysis is deeply implicated in this process:

Perhaps it is relevant to understand this move to assign the neuter gender to childhood as yet one more result of the technological era we live in and that psychoanalysis also partakes in. If its practitioners do not take care, analysis becomes merely a school of technocratic orthodoxy for our unconscious. Now machines are intended to present themselves as more or less neuter. The truth of machines is supposed to be as neutral as that of currency. Our technical world claims to be neuter, though nature has always had a sex. ('Gesture in Psychoanalysis', 95)

Irigaray appears to be introducing into her argument at this point, the familiar opposition of nature and culture. It should not be forgotten, however, that she is operating with the discipline of psychoanalysis as her field of reference. In calling for a return to 'nature', Irigaray is insisting on a return to a method of treatment which is based on 'the rhythms and regulations of the body' ('Gesture in Psychoanalysis', 103). This has been 'uprooted' in the modern age, and the organism as a whole is no longer brought into consideration. The body is viewed in isolated parts, and is separated from the mind in treatment. In Irigaray's eloquent words: 'Everything turns neurotic and violent, in need of doctors and medication' ('Gesture in Psychoanalysis', 103). What Irigaray demands is the recovery of a 'creative economy of the senses' ('Gesture in Psychoanalysis', 103). This is implicitly

located by her at a historical point prior to the advent of the discipline of psychoanalysis. I have argued repeatedly throughout this chapter, that Janet is historically situated at the point at which the medical discourse was divided by the advance of increasing technologization. Where Freud colluded with contemporary developments in his founding of psychoanalysis, Janet resisted the new methods and ideologies. He worked within the alternative tradition of the body image, to produce what could accurately be termed, in Irigaray's own words, a 'creative economy of the senses'. This led directly to his eclipse by Freudian psychoanalysis. However, it means that for modern theorists, his work marks an exciting point of departure. The theorists of the 1980's began the recovery of his work, which was anticipated by Ellenberger a decade earlier. Irigaray's essay arguably continues this process, repeatedly siting the process of gendering the body at a historical point, analogous to that which is encompassed by Janet's work. At the very least, Irigaray's essay seems to suggest that there may be a creative alliance between contemporary gender theory and the work carried out by Janet on the body image. Subsequent chapters will be concerned to explore the extent to which a 'creative economy of the senses' can be recovered, which takes into account both the findings of Janet in therapeutic practice, and the concerns of modern studies of the gendering of the body.

CHAPTER THREE: THE PAINFUL BODY TOWARD A PHENOMENOLOGICAL METHOD

JANET, FREUD AND THE SUBCONSCIOUS

The reader will have learned from my account that historically psychoanalysis is completely independent of Janet's discoveries, just as in its content it diverges from them and goes far beyond them. Janet's works would never have had the implications which have made psychoanalysis of such importance to the mental sciences and have made it attract such universal interest. I always treated Janet himself with respect, since his discoveries coincided to a considerable extent with those of Breuer, which had been made earlier but were published later than his. But when in the course of time psychoanalysis became a subject of discussion in France, Janet behaved ill, showed ignorance of the facts and used ugly arguments. And finally he revealed himself to my eyes and destroyed the value of his own work by declaring that when he had spoken of 'unconscious' mental acts he had meant nothing by the phrase - it had been no more than a *façon de parler*.¹

This thesis has thus far sought to demonstrate the profoundly disruptive nature of trauma in relation to temporal and spatial categories. While theorists have responded creatively to the problem of the belated occurrence of the traumatic event (in part, perhaps, because of its affinity with problems of historical and narrative method), the notion of space has proved considerably more resistant. In trauma theory, space is typically organized as a dichotomy: following Freud's abandonment of the 'seduction theory', the consideration of spatial factors has become inseparable, for theorists, from the problem of whether the traumatic event originates inside or outside the psyche. This, in turn, has widened out to the contentious question of the historical reality of the traumatic event. This polarization of internal and external referents currently marks an impasse in trauma theory.

In two recent volumes, *Volatile Bodies* (1994) and *Space, Time and Perversion* (1995), Elizabeth Grosz has suggested that, throughout the twentieth century, there has been a gradual reconfiguration in the conceptualization of space.² She traces the modern

¹ Sigmund Freud, *An Autobiographical Study*, trans. James Strachey, (London and New York: Norton, 1963), p. 57.

² Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism*, (Bloomington and Indianapolis: Indiana University Press, 1994). Elizabeth Grosz, *Space, Time and Perversion: Essays on the Politics of Bodies*, (New York and London: Routledge, 1995). Further references to these texts will be given after quotations in the text.

development of the body image and locates this corpus of writing as the source of a radically new conception of the body's relation to space. Previously, space had been conceived as an external and fixed series of referents, in relation to which the body is passively positioned. However, body-image theorists have emphasized that the boundary of the body does not delineate a fixed territory, but indicates a variable margin. The body image is characterized by its shifting territory, which alters in relation to the activity of the body. The body schema is also affected by subjectivity - for example, it becomes expansive in relation to feelings of intimacy, but contracts when hatred, fear or pain are experienced. This opens up a new spatial dynamic, in which space is rendered flexible, allowing for the possibility that it may be altered by the subject in modes of performance - it changes when the body is engaged in any form of activity. It is also revealed as a subjective category, which is expressive of and can be influenced by emotional change. In this chapter, I propose to chart the development of this new conceptualization of spatiality in the work of three body-image theorists, Paul Schilder, Jacques Lacan and Maurice Merleau-Ponty. All of these thinkers derive from diverse theoretical backgrounds, but each seeks to create his own formulation of the body's relation to space. The direction of my research in this chapter is indebted to the work recently carried out by Grosz. It provides a theoretical basis for the last two chapters of my thesis, in which I propose to indicate how the reformulation of spatial categories can creatively intervene in contemporary trauma theory, to transform current ideas of the body and memory and to circumvent the recent impasse in thought.

The inextricable relation between memory and spatial categories derives from the nineteenth-century writings of Janet and Freud on the nature and operations of consciousness and memory. Both writers mapped the relation of the conscious and the subconscious faculties in spatial terms, in order to provide a cartography of the psyche. The word 'subconscious' was originally coined by Pierre Janet as a means of incorporating into his work his understanding of the way in which the body image operated, in relation to the organism as a whole. The 'subconscious' referred to the body schema, or the internal map which is built up through continual interaction with the

environment and which guides the way in which future actions are carried out. The body schema is thus comprised of a record of past bodily postures and movements, up to the last action undertaken. Continual alterations in position are recorded on the body schema, which is constantly changing. On the basis of this history of activity, the body image provides the context or horizon for future actions: it functions as a standard against which subsequent movements and postural changes are measured. The body schema acts as a guiding influence on bodily orientation, but there is also the implication that it acts as a frame of reference for evaluating a wide range of experiences. The body image appears to be a central model by which the individual is able to measure his or her perceptions of the surrounding environment. There is nothing novel about the idea that the individual approaches the world with certain sets or expectancies. These act as filters allowing certain inputs to gain prominence while others are muted. What the body-image theorists suggest is that one of these filters derives from the configured impact of the general experience of the body.

In 'The Intrusive Past', Bessel van der Kolk and Onno van der Hart describe Janet's view of the workings of the memory, in terms which are virtually identical to those which I have outlined above in relation to the body schema. They observe in relation to Janet:

He viewed the memory system as the central organizing apparatus of the mind, which categorizes and integrates all aspects of experience and automatically integrates them into ever enlarging and flexible meaning schemes. ('The Intrusive Past', 426)

The memory acts to integrate 'experience', the body's sensations and movements, into the 'ever enlarging and flexible meaning schemes' which characterize the body image. However van der Kolk and van der Hart also include another aspect of the body schema which is vital to Janet's formulation of the 'subconscious'. For Janet, the importance of this functional background to activity was that it operated at an 'automatic' level. Janet believed that under ordinary circumstances only a very small part of the interaction between an organism and its environment occurs within conscious awareness. Most experiences are automatically integrated into existing schemata. In practical terms,

people take appropriate action without paying much conscious attention to what is happening. The title of Janet's doctoral thesis, L'Automatisme psychologique (1889), provided the terminology by which Janet referred to this elementary activity. The term 'psychological automatism' was considered appropriate by Janet: an 'automatism' because it was regular and predetermined by former actions and responses, and 'psychological' because it was associated with consciousness. Ellenberger has pointed out that this term was not coined by Janet: it had already been employed by the philosopher Despine, among others, to describe acts which were the product of a living machine devoid of consciousness. Janet appropriated the term in his doctoral dissertation, in order to demonstrate that these actions formed a psychological phenomenon in their own right, and entailed a rudimentary consciousness (Ellenberger, 359). The movements were clearly determined by psychological factors and could be readily distinguished from the action of mechanical objects. The theoretical importance of this is twofold. Firstly, it reveals Janet once again resisting any attempts to 'mechanize' the body, and to divide it from a consciousness that it requires in order to be viewed as a part of the whole organism. Moreover, there is a clear representation here of Janet reaching to the alternative medical tradition of the body image, in order to provide a formulation in which the routine actions of the body are invested with a 'consciousness' or mental association.

In order for a 'subconscious' to be formulated, this must be clearly defined against a notion of consciousness itself. In The Major Symptoms of Hysteria, Janet explicitly states that the word 'consciousness' should not be used in any unclear sense, but must be rigorously defined:

The word 'consciousness' which we use continually... is an extremely vague word... When we use it in particular to designate the knowledge the subject has of himself, of his sensations and acts, it means a rather complicated psychological operation. (Major Symptoms of Hysteria, 303)

The crucial term that is used by Janet here is the 'knowledge' that the subject has of himself and his actions. No longer are actions performed on an 'automatic' level: in consciousness, the powers of attention, volition and judgement are necessary so that an

adaptive interaction with the environment might be achieved. The most conspicuous characteristic of the function of consciousness is its ability to act on exterior objects and to change reality. In contrast, the 'subconscious' reacts to the environment in a predetermined ('automatic') way, which is not in any sense adaptive. Consciousness is concerned to deal with the social environment, with complex professional activities, and with adjusting to new situations - in short, it comes into play when the action must be co-ordinated both with the requirements of the external environment and with the personality as a whole. It implies attention, which is the act of perceiving outside reality as well as internal thoughts and ideas.

A contemporary and close acquaintance of Janet throughout his career was the philosopher Henri Bergson. In his writings, Bergson formulated the term 'attention to present life'. Ellenberger has argued that, in his notions of consciousness, Janet was concerned to refine and systematize Bergson's terminology (Ellenberger, 376). For Janet, the two functions of voluntary action and attention are combined into the synthetic operation of consciousness, which is termed by him 'présentification'. The exact signification of this term is the formation in the mind of the present moment. Janet indicates that this mental operation is one which requires a considerable amount of energy on the part of the subject, for the natural tendency of the mind is to roam through the past and future. A certain effort is necessary to fix attention in the present, and still more to concentrate it on present action. The mind naturally prefers what Janet has termed 'disinterested activity', the habitual and automatic actions which characterize the 'subconscious'. The mind thus appears in Janet's formulation to operate its own economy of energy-consumption, tending naturally towards those activities which consume the least energy supplies.

It was this interest in the economy of energy that caused Janet to add another element to his system, which complicated the binary opposition 'conscious/subconscious'. In a typical move, Janet resists the simple polarization of the conflict. With the introduction of the concept 'field of consciousness', Janet added another dimension to his thought. 'Consciousness' is concerned to process the relatively small number of

elementary sensations which require the attention or judgement of the individual - complex professional skills, novel situations. The 'field of consciousness' is a measure of how many of these sensations can be processed in the conscious mind at any one time. In The Major Symptoms of Hysteria, Janet explains in some detail what ensues if the 'field of consciousness' becomes restricted, so that only a very small number of sensations may be simultaneously processed. In a state of concentration, Janet proposes that the individual will be unable to process more than three sensations at the same time. In the case of dictation, for example, the subject will write, having the apprehension of the sound of the voice, of the vision of the letters and of the muscular movements. All other elementary sensations and movements will be neglected or forgotten. Janet indicates that this is a normal condition and is related to the efforts on the part of the organism to economize on energy consumption. However the 'field of consciousness' may become still more contracted. In this instance, only two elementary sensations may be perceived at once. What happens to the individual for whom this is the case? Of necessity, he reserves the small share of perception that remains, for the sensations which seem to him the most important - the sensations of sight and hearing. He therefore neglects to perceive the tactile sensations, thinking that he can do without them. At the outset, perhaps, he will still turn to them and take them into his field of personal perception; but a habit of neglect is gradually formed. Here the production of the hysterical symptom is described. The too-long neglected sensations escape the personal perception; the individual has become anaesthetic. If the muscular sensations are substituted for the tactile, then the individual has developed a hysterical paralysis (Major Symptoms of Hysteria, 308-310). In order to outline the development of the hysterical symptom, Janet thus introduces into his work the idea of a 'psychological tension'. In 1903, he argued that there were two factors in consciousness which governed the onset of hysteria: in the first instance, there was the complex and fragile activity of consciousness itself, the concentrating and unifying of psychological phenomena in a new mental synthesis. In the second instance there was the 'field of consciousness', or

the number of psychological phenomena that were able to be integrated in this way (Ellenberger, 377).

The introduction of the 'field of consciousness' into his work allowed Janet to focus on the rôle of the event in the production of the hysterical symptom. The 'field of consciousness' was a measure of the variability of the number of elementary sensations which could be processed in the consciousness at any one time. How did Janet account for the existence of this variable? Janet's understanding of differing energy levels enabled him to perceive that at different times an individual may have a more restricted or an enlarged 'field of consciousness'. If an individual was tired or intoxicated or in a high state of emotion, there would be an associated restriction in the field of consciousness. This approach allowed Janet to understand the importance of the event in the production of hysteria, for a sudden restriction in the field of consciousness could invariably be traced back to a specific incident of high emotion (for example, the onset of menstruation for Marie) or of sustained weariness (for example, Irène's nursing of her mother over a prolonged period of time). The novelty or speed of the event combined with the emotional state of the subject - ill, intoxicated, tired, depressed, or afraid - to produce the pathology.

The phrase 'field of consciousness' was inspired by the analogous phrase 'visual field'. Janet therefore uses the imagery of sight in order to explain his understanding of the workings of the body. In the 'visual field', the central part serves focused conscious perception, while the periphery registers vague stimuli. While these vague stimuli are not consciously perceived by the individual, he or she responds to them 'automatically'. For example, the head or trunk will involuntarily move away from a sudden peripheral movement. Janet applied the image to the workings of the mind, to introduce the idea of a variability in the extent of consciousness. The 'central' part of consciousness is concerned with 'focused' activities, which are subject to the individual's volition and will. The periphery of consciousness, on the other hand, registers stimuli which do not fully enter the personal perception and which are responded to on an 'automatic' level. This model of the 'field of consciousness' is significant in Janet's work because of the spatial

dynamic of consciousness that it implies. The 'subconscious' is located at the periphery of the conscious mind. It is thus not radically divided from it. Nor does this propose a layered model of consciousness, in which the 'subconscious' is somehow placed below the conscious mind, in an image of depth. What Janet seems to advance is a model in which the 'subconscious' is a part of, but peripheral to, the conscious.

Janet was opposed to views of the subconscious which placed it radically beyond the conscious mind. He regarded such views, which prevailed among his contemporaries, as prescientific. It is of considerable irony, then, that Freud, in establishing the new 'science' of psychoanalysis, adhered to precisely such a notion of the 'subconscious' faculty. Freud argued for a subconscious that was a distinctly different layer to the rest of consciousness - something subterranean rather than just split off from awareness. Moreover, this notion of the subconscious entered his work in 1896, at precisely the point at which Freud sought to establish his own discipline of psychoanalytic therapy. Prior to this, Freud had adhered to Janet's formulation of the subconscious as split off from the consciousness, but still constituting a part of it. In Studies on Hysteria (1895), which he wrote in collaboration with Breuer, he observed:

We have become convinced that the splitting of consciousness which is so striking in the well known classical cases under the form of 'double conscience' is present to a rudimentary degree in every hysteria, and that a tendency to such a dissociation, and with it the emergence of abnormal states of consciousness... is the basic phenomenon of this neurosis...

These hypnoid states share with one another and with hypnosis... one common feature: the ideas which emerge in them are very intense but are cut off from the associative communication with the rest of the content of consciousness.³

Here there is no radical divide between conscious and subconscious states: the idea which has become subconscious has merely been cut off from the 'rest' of consciousness, implying that it is still considered to be a part of that consciousness. It was after 1895 that Freud began to revise the concepts of Janet and to postulate an 'unconscious' that was entirely separate from the conscious mind.

³ Sigmund Freud and Josef Breuer, Studies on Hysteria, trans. James Strachey, ed. Angela Richards, Penguin Freud Library 3, (Harmondsworth: Penguin, 1991), pp. 62-63. Further references to this book will be given after quotations in the text.

What constituted for Freud a notion of consciousness? In order to describe the workings of the conscious, Freud employed the term 'ego'. In the psychoanalytic field, this signified the conscious mind, which was based on the perception of the environment and which modified the antisocial instincts of the id. Freud devoted the book The Ego and the Id (1923) to explaining the concept of the ego that he had developed, which was central to his theoretical framework. The importance of the ego for Freud is the way in which it continually alters and changes as the individual develops. It is not a static phenomenon. Modern body-image theorists Seymour Fisher and Sidney Cleveland, in discussing Freud's concept of the ego, indicate the way in which he deliberately included ideas of the body image. They observe:

In his writings, Freud placed great emphasis on body image... Body image was for him another means of describing how the initially undifferentiated organism develops an organizational structure. He saw the body image as fundamental to the development of an ego. In his book, The Ego and the Id, he states... : 'The ego is first and foremost a body ego; it is not merely a surface entity but is itself the projection of a surface'. (Fisher & Cleveland, 42)

Freud conceives of the ego as bringing unity to the vast and overwhelming diversity of perceptions which initially overwhelm the child. All that exists for the neonate is an ever-changing flux of experiences, which are registered in the id. What the ego provides is an 'organizational structure', by which patterns, groupings, identities and objects may be gradually perceived. This is a process which occurs over a considerable period of time: the ego is only gradually distinguished from the id through the impact of perceptual stimuli on the surface of the organism. Freud explains that the ego can be viewed as a form of 'psychical callous', which derives from the use of the body, and particularly its surface, as a means of processing the sensory information provided by perception. The ego is thus a projection or map of the surface of the body: in Freud's terms, it is a 'skin ego'. The ego is a consequence of this perceptual surface, and it is produced and grows only relative to this surface. It is clear from this that in Freud's thinking the body image is basic to his development of the ego structure, and provides a framework around which his theories are elaborated. The ego seems firmly structured around the perception of

the environment, developing in relation to the contact with, and comprehension of, that which surrounds the organism.

There is, however, another aspect to Freud's understanding of the ego, which somewhat complicates the issue. The body image is thus built up during infancy by the interaction of a number of different factors. Visual impressions construct a picture of the body in its relation to the environment; painful stimuli are located on areas of the body surface; play brings kinaesthetic and postural control; while libidinous factors contribute to intensify interest in a specific body area. The problem with Freudian psychology is that it reduces its understanding of the body image to the last-named factor: it is almost exclusively concerned with the way in which the ego is built up in relation to the libido. Freud's theory of the libido is stated almost entirely in terms of body zones and areas of bodily sensitivity. The body image, for Freud, is built up gradually, according to the stages of libidinal investment that the child undergoes. As the child develops, he or she will experience a natural succession of libidinal intensities concentrated on different body areas. Each successive stage adds to and redefines the preceding stages, and thus participates in the production and differentiation of the body image.

Within Freud's system of thought, the body image is demarcated relative to three main body areas, which are, over a period of time, successively of unusual sensitivity. The adult body image is considered to be a final product of the individual's successes and failures in coping with the changing demands of each new area of libidinal dominance. The three body areas by which Freud maps out his cartography of bodily development are, of course, the oral, the anal and the genital. From the time of the oral stage, the mouth and digestive tract remain libidinally invested, and even when the anal stage takes over the intensity of the oral, the mouth retains its significance - although it no longer dominates the child's sensitivity. Equally when the genital stage is reached, the mouth and anus remain important to the child. The problem with this model is inherent in Freud's own terminology. Freud states that libido is at first given to the body as a whole. He refers to this as the stage of narcissism, and it can be supposed that the neonate has only narcissistic libido. The infant is only interested in himself and not in the outside

world. There follows the sequence of stages in which the libido is concentrated in a specific bodily zone. Freud terms this as the auto-erotic stage. First there is the auto-erotic oral libido. The child enjoys any stimulation which derives from the mouth. The organism at this stage attempts to incorporate the outside world in itself. The environment is judged only from the point of view of whether it can give oral satisfaction or not. The problem with the Freudian framework thus lies in its sheer narcissism. The construction of the ego is conceived of as almost entirely independent of the surrounding environment. The sequence of libidinal stages succeed each other as a matter of course. They develop independently of the events that happen to the child, or the environment by which he or she is surrounded. These external considerations are secondary issues for Freud: individual development is measured by the success with which the subject manages to incorporate life events into the libidinal phase, which is prevalent at that particular time. The adult body image, viewed as the cumulative effect of the three stages of libidinal development, is conceived of as a static, accomplished structure. This is contrary to all other theorists of the body image, for whom the schema is not an accomplishment to be mastered, but a continual process of production to be engaged in.

If the consciousness in Freud's theoretical framework is accounted for by the structures of the ego, what then of the subconscious? After 1896, this became for Freud the repository of innate sexual impulses which have been repressed because of their incompatibility with a normal, adult psychosexual organization. Freud's notions of the subconscious expand on his understanding of the ego. In the infant stage of narcissism, everything can give sexual pleasure - the mouth, the anus, the entire skin. This undifferentiated sexuality is progressively given up as the child matures towards a genital sexuality. However, under the pressure of incorporating random, external pressures with the particular libidinal stage which is being experienced, the child may fixate at an earlier stage than the genital. Alternatively, genital sexuality may be reached, but there may remain an element of an earlier stage which has not been satisfactorily dealt with. These remnants of earlier libidinal stages represent, from the point of view of adult

sexuality, types of perversions. The mechanism of repression therefore comes into play, and these unassimilated scraps of libido are consigned to the subconscious.

Such a theory of the subconscious was very different to Freud's early views, which he shared with Janet. The subconscious is no longer the repository of dissociated memories but of repressed libidinous instincts. This difference in approach is significant in a number of ways. Firstly, the difference in mechanism entirely disregards Janet's concern with the economy of energy-consumption. In dissociation, as I have pointed out, the 'field of consciousness' narrows so that only a very limited number of sensory inputs may be processed at any one time. As a consequence the individual eliminates ('dissociates') from the conscious those sensory functions which are considered to be unimportant. These functions are not lost: no actual impairment has taken place. Rather, Janet found, they reside in the subconscious, which acts as a regulatory device, by which the organism is able to manage its own energy consumption. In repression, by contrast, those remnants of libido which have not been fully assimilated in the auto-erotic stage, become unacceptable to the mature ego. They are therefore consigned, via the mechanism of repression, to the subconscious. In Freud's later system, the subconscious, rather than acting to regulate energy-consumption, itself becomes a source by which energy is consumed. A considerable effort is required to contain these libidinal instincts within the confines of the subconscious. Energy is continually expended in banishing the remnants of the libido from the conscious mind. The most striking difference, however, lies in the contents of the 'subconscious'. In dissociation, the subconscious is a repository for sensory inputs, which can no longer be processed because the 'field of consciousness' is too narrow. The subconscious holds elements which derive from an external source. In repression, however, it is libidinal instincts which are consigned to the subconscious. These not only derive from an internal source, but also mark a return to the body as a mere compound of mechanical processes. The oral, anal and genital drives, and the subsequent repression of unassimilated material, follow on from one another with all the certainty and rigidity of a mechanized device.

The change in Freud's notion of the subconscious was part of a wider change in his work as a whole. This was marked by his theories of childhood sexuality - the development of a genital sexuality through the narcissistic, oral, and anal phases. This progression in Freud's work served to obscure the evidence of child abuse that he had uncovered in his hypnotic therapy of the early 1890's. No longer was hysteria caused by dissociation, which resulted from the narrowing of the 'field of consciousness', due to the excessive fear or bewilderment inherent in a specific event. Hysterical symptomatology was now the result of the child's own libidinous drives and instincts. This successfully removed Freud's theories from any relation to the external event. It also allows Freud a defence against those who may accuse him of blaming the child in a case of sexual abuse - a popular feminist strategy in relation to Freudian psychology. Due to the very mechanization of the body that Freud propounds, the instincts develop independently of the child. In Freudian terms, the child victim of sexual abuse would seemingly be as much a victim of his or her own biological processes as of the act of rape that has been perpetrated.

The development of Freud's ideas away from his early alignment with the work of Janet thus follows a specific agenda. Like his rejection of hypnosis, it serves to divorce the new discipline of psychoanalysis from Freud's early findings of the sexual abuse of children. In so doing, it also obscures in psychology the notion of the event. Subsequently, Freudian thought has dominated the scene of psychiatry. It has only been since the 1980's that there has been a serious attempt to revive Janet's ideas as an alternative to the Freudian model. It has been suggested by a number of theorists that a psychology based on a radically separate unconscious, should be replaced by a psychology in which the subconscious is considered as an integral part of consciousness itself - only then can the external event be retrieved as a proper mode of study within the psychotherapeutic framework.

PAUL SCHILDER AND THE PROBLEM OF HYSTERIA

Schilder's early career developed in Vienna and was inevitably marked by the influence of Freud and the psychoanalytic circles which flourished around him. As early as 1908 (at the age of twenty-two) Schilder was attending lectures by Freud, and from 1919 he was a member of the Psychoanalytic Society in Vienna. However, despite his involvement in psychoanalytic circles, Schilder did not commit himself to Freudian principles and he remained unanalysed. In a memoir of Schilder, his widow and former colleague, Laretta Bender, clearly recalls the complexity of his personal and professional relations with Freud. She unequivocally observes: 'Paul Schilder was a psychoanalyst, he considered himself one'.⁴ However, his relations with Freud were not straightforward and were marked by 'difference' and a difficulty in communication. Bender continues her memoir:

He talked about Freud, and felt there were some differences between them. In the end he tried to reconcile some of them with Freud. Paul had me type a letter to him in English. Freud objected to this, maintaining that Schilder should have handwritten the message in German. (Bender, 34)

In 1935, Schilder published The Image and Appearance of the Human Body, in which he outlined his understanding of the way in which the body image operated. In a lesser-known article, 'The Concept of Hysteria' (1939), Schilder related his theories of the body image to the problem of hysteria.⁵ The question which I wish to examine in this section is the extent to which Schilder incorporated Freud's highly specialized understanding of the body image and the hysterical neuroses into his own work. I will be arguing that Schilder's writing bears out the observations of Laretta Bender, quoted above: he is indebted to Freud for many of his ideas regarding the body image, but there are also irreconcilable 'differences' between them, which is arguably where the main interest of Schilder's work arises.

⁴ The information in this paragraph is obtained from the following two articles. Paul Schilder, 'Vita of Paul Schilder', Paul Schilder: Mind Explorer, eds. Donald A. Shaskan and W. L. Roller, (New York: Human Sciences Press, 1985), 265-270. Laretta Bender, 'Reflections on Paul Schilder', Paul Schilder: Mind Explorer, eds. Donald A. Shaskan and W. L. Roller, (New York: Human Sciences Press, 1985), 31-35 (p. 33). Further references to these articles are given after quotations in the text.

⁵ Paul Schilder, 'The Concept of Hysteria', American Journal of Psychiatry, 95 (1939), 1389-1413. Further references to this article are given after quotations in the text.

Schilder opens his article, 'The Concept of Hysteria', by providing a historical context for the debates which have occurred on the subject of hysteria. He introduces his paper with the following words:

The modern development of medical psychology and psychotherapy started with studies in hysteria. Bernheim, Charcot, Janet, Breuer and Freud derived many of their conclusions from the study of cases of hysteria. Towards the beginning of this century the interest in other forms of neurotic disturbances increased, whereas the interest in the psychology of hysteria decreased. Freud's fundamental paper 'Bruchstück einer Hysterie-Analyse' appeared in 1905 and finished that epoch. ('Concept of Hysteria', 1389)

Schilder clearly contextualizes the study of hysteria within the changes in medicine that were occurring in the late nineteenth century. In his words, the study of hysterical phenomena coincided with 'the modern development of medical psychology and psychotherapy'. He locates the early research carried out by Freud and Breuer into the hysterical symptom, alongside the work of Janet and his predecessors at the Salpêtrière, Charcot and Bernheim. This marks a distinct recognition of Freud's early alignment of his work with Janet's theories. However, 'towards the beginning of this century', a shift is perceived to have occurred. Gradually 'other forms of neurotic disturbance' assume a central position, although Schilder does not specify the exact nature of these complaints. What is specified is a date, 1905, which marks the end of the 'epoch' in which hysteria has been an object of serious study. Moreover, from Schilder's phrasing it seems to be the case that it was Freud himself who actively 'finished that epoch'. What Schilder, knowingly or unknowingly, performs in this passage is a placing of Freud at the onset of the 'modern'. It can surely be no mere slippage of meaning that Schilder locates the origins of the 'modern development of medical psychology', with 'studies in hysteria'; almost exactly the title of Breuer and Freud's collaborative study of hysteria, published in 1895.

Two dates or points of origin are thus remembered in the passage, one implicitly and one explicitly. Both dates, at an interval of ten years apart, are said to mark the beginning of the era of modern medicine. In 1905, Freud wrote his last article on the subject of hysteria. However, Schilder does not mention that 1905 also marked the

publication of Three Essays on the Theory of Sexuality. This was Freud's first attempt to trace the course of the development of the sexual instinct in human beings, from infancy to maturity. Perhaps the onset of the 'modern' is characterized not so much by the last essay written by Freud on the subject of the hysteric, but by his first systematic study of infantile sexuality. The 'other forms of neurotic disturbances', which increasingly came to light in the years from the turn of the century to 1905, would accordingly be those which were increasingly highlighted by Freud in this period; namely the neuroses caused by the repression of the libidinal instincts, which remained at the end of the auto-erotic stage. But what of 1895? This is the conventional date cited for Freud's break with contemporary medical practice, and the establishing of his own 'science' of psychoanalysis. Why, then, does Schilder repress this date in his text, mentioning it only by an allusive slippage of reference to the title of Freud's publication of that year? Why is this date replaced with that of 1905? I would argue that Schilder is operating according to his own agenda here. He is writing a history of modern medicine from the perspective of a body-image theorist. The origin of the 'modern' accordingly lies for him in Freud's outline of the way in which the body image is gradually built up through childhood, by libidinal investments in specific body parts. This is of more import to Schilder as a point of origin than 1896, which is conventionally seen as the most significant date in Freud's thought because it marked the founding of psychoanalysis.

It is indeed the case that Schilder highlights in his theories Freud's repression-based concept of the neuroses. He incorporates his understanding of Freudian psychology wholesale into his work on the body image. One of the major problems for modern theorists of the body is Schilder's unquestioning acceptance of Freudian notions of gender difference and the development of sexuality. This is incompatible with the work that has recently been carried out in the field of gender studies. Schilder's article 'The Concept of Hysteria' readily provides examples of his incorporation of Freudian models. He writes that the best illustration of the 'deeper mechanisms of hysteria' lies in Freud's analysis of the case of Dora ('Concept of Hysteria', 1393). Already, the body on

which hysteria is operating is seen to be constructed of a series of 'mechanisms', which are devoid of consciousness. The terms in which Schilder describes the development of the hysterical symptom are derived from Freud's account of the auto-erotic stage. He observes as follows:

Freud's classical analysis of Dora still gives the best insight into the deeper mechanisms of hysteria. Here is found deep attachment to the parent of the other sex. The attachment was principally a genital one, although pre-genital elements were present. The affection for the father was partially expressed in urinary symptoms (enuresis). The main symptom was coughing. It was based on oral tendencies (penilingus). ('Concept of Hysteria', 1393)

Hysteria is viewed, in alignment with Freud, as being caused by the repression from consciousness of unacceptable, 'pre-genital' sexual attachments. Involuntary urination represents a fixation at the anal stage; while coughing is symptomatic of an oral attachment. These 'pre-genital elements' are repressed when they are viewed as unacceptable perversions; namely at the point at which adult, genital sexuality is reached. This accounts for Schilder's assertion at a later stage in the essay, that the hysterical symptom is only possible when the individual has reached the level of the Oedipal complex; or full genital sexuality ('Concept of Hysteria', 1405). The problem with this account of hysteria is precisely that it is too 'mechanical': the body is subject to a series of inexorable processes, which are liable to malfunction. The task of the analyst is to determine at what stage the mechanism failed to operate appropriately, and to attempt to restore functioning at this point. The analyst is seemingly no longer concerned to heal the human subject; he has become the technician of a complex but infinitely knowable machine.

Schilder thus uncritically incorporates into his work on the body image, the Freudian model of libidinally invested body parts. In The Image and Appearance of the Human Body, he writes that psychogenic pain is: 'beyond all else... the expression of the libidinous tendencies. Whatever goes on in the body has its specific psychological meaning and importance' (Image and Appearance, 158). There is, however, another aspect to Schilder's understanding of the body image, which introduces a new element to

the formation of the hysterical symptom. This alternative approach is evidenced in Schilder's continuation of his analysis of the case of Dora. After he has outlined the case in classical Freudian terms, Schilder notes the following:

The girl was deeply engrossed in admiration of the body of the father's sweetheart. Positive transference was easily obtained. However, the positive transference was soon followed by a negative one which led to the interruption of the treatment. Dora's coughing was based on a real organic ailment, a slight catarrh. The sick organ became the nucleus of conversion (organic compliance). ('Concept of Hysteria', 1393-1394)

This passage is (unintentionally) revealing of the limitations of the Freudian method. The hysterical symptomatology of Dora mainly comprised a persistent cough. In Schilder's first analysis, quoted above, this was representative of an oral fixation; libido remained which had not been properly assimilated at the oral stage of development. What was going on in the body had its 'specific psychological meaning and importance'; hysteria was 'beyond all else an expression of the libidinal tendencies'. The problem with this approach is that it operates on the rigid division of mind from body. The hysterical ailment is confined to the 'psychological'; it is an illness of the mind. In Dora's case, however, the coughing was 'based on a real organic ailment'. The body insists on its own entry into the analysis. Schilder clearly reveals that in Freud's analytic system, the body cannot be treated in conjunction with the mind. He notes that the organic complaint led to 'the interruption of the treatment'. Dora is presumably referred to a physician, who treats the cough as a bodily affliction. When he is satisfied that his patient has been cured, she is referred back to the analyst. This provides a clear illustration of the division of mind and body into separate units of treatment, that split the medical discourse of the late nineteenth century.

It is without doubt that Schilder resisted this division in the medical sciences. He believed that both body and mind should enter treatment, which would accordingly focus on the organism as a whole. This view is explicitly stated in his works of 1935 and 1939. In The Image and Appearance of the Human Body, he calls for a revision in medicine, so that both mental and physical factors may be considered in treatment. He

argues: 'It is one of the important tasks of general medicine to describe the way in which an organ is attacked from both the psychic side and the organic side' (Image and Appearance, 145). So fundamental is the point to Schilder that it recurs as the close to his 1939 article, 'The Concept of Hysteria'. Here he writes of hysteria as a forum in which medical treatment can be changed, observing:

Hysteria is a form of human suffering which affects the psychophysiological person. It is only when we understand the seriousness of the problem that we can help the hysterical patient to a fuller social adaptation for which he struggles. Hysterical symptoms, organ neuroses and organic disease are forms of human suffering deeply related to each other. ('Concept of Hysteria', 1408)

The nucleus around which Schilder explores the 'psychophysiological' aspect of hysteria is that of 'conversion'. 'Conversion' refers to the mechanism by which psychological changes can effect alteration on the organic level, and vice versa. Schilder points out that in psychoanalytical literature, the term acts as a source of confusion (Image and Appearance, 180). This is because psychoanalysis historically stakes its existence on a rigid division of mind and body. It could be argued that conversion places at risk the psychoanalytic enterprise. To return briefly to the case of Dora, it was, in Schilder's own terms, 'conversion' which 'led to the interruption of the treatment' of analysis.

If psychoanalysis is unable to incorporate the mechanism of conversion, Schilder turns instead to theories of the body image. He writes: 'We can understand conversion only as something which is happening in the postural model of the body' (Image and Appearance, 178). I have argued in the preceding sections that the body image is concerned with the organism as a whole. Accordingly, Schilder contends that as a body-image theorist, he does not believe in an 'absolute contrast' between psychology and physiology. In terms remarkably similar to Janet's formulation of the relation between conscious and subconscious, Schilder divides the organism into central and peripheral functions. Central functions are those acts which derive from the consciousness, and which are concerned with the individual's personality and motivation. Peripheral functions are those which require no attention from the individual, but operate automatically; for example, the heart or the digestion. Conversion acts in Schilder's text

to describe the relation between centre and periphery. In a schematic way, he divides illness into the organic and that which derives from a psychological source. However, he is at pains to point out that this is not a division so much as a relation. Both forms of illness are thus related to the same process; the difference between them is merely the direction in which this process moves. In the organic illness, the periphery is affected first, and the affection moves from the periphery to the centre; in psychogenic cases, the change travels from the centre to the periphery. The difference between the organic and the psychological is reduced to a difference in flow, so that the organic ailment moves centripetally around the organism, while the psychogenic disturbance travels centrifugally. Schilder's understanding moves away from the psychoanalytic model to incorporate theories of the body image. Like Janet, Schilder's concept of the neuroses belongs neither to the purely organicist nor to the purely psychogenic theories; he combines the two, in resistance to the prevailing modes of contemporary medicine.

The importance of the conversion mechanism in Schilder's work was that it allowed him to introduce into his theories of hysteria his conception of the event. No longer was the hysterical symptom confined to the internally regulated structures of the libido. The event which is highlighted by Schilder in his understanding of the neuroses is that of an incidence of illness, usually experienced in childhood. So fundamental is this event to his conception of the hysterical symptom, that he questions whether it is not indispensable in the formation of the hysterical constitution (Image and Appearance, 185). The mechanism of conversion provides Schilder with a framework in which psychological factors may result in organic symptoms, for there is a flow of connection between the two. What it does not explain is why a particular organ is chosen as the nucleus for this conversion, in preference to other sites. Schilder uses the imagery of a stream to explain the phenomenon. The flow of impulses around the organism, which Schilder has posited as the site of connection between the centre and the periphery, is the flow of a stream. At certain points the bed of the stream widens, and this marks the locus of an organ which especially attracts the stream of impulses. In Schilder's terms this is the site of a 'predisposed' organ (Image and Appearance, 179). The organ that is

'predisposed' will provide sensations different from and more numerous than those of the average body part. This physiological difference will be reflected in the postural model of the body, and this point will accordingly attract and reflect conversion. But what is the cause of this 'predisposition'? Schilder writes clearly that it is created by temporary or lasting organic disease, in childhood or even later (Image and Appearance, 180). This illness is not necessarily experienced by the individual; it is sufficient to have been in close proximity to a sick person, for a somatic change to take place.

The conversion is either based on an actual scene experienced in childhood...; on a disease observed in another, or a previous organic disease. There is always a real event at the basis of conversion. In this event the body image, one's own somatic experience or one of others always play the most important part. ('Concept of Hysteria', 1399)

The case of Dora provides an illustrative example. Dora was suffering from a 'slight catarrh'. This provided the 'sick organ', which attracted the stream of impulses. There is no doubt for Schilder that in this case the 'organic ailment' provided the 'nucleus of conversion', by which the hysterical symptom was formed.

Schilder thus posits the incidence of childhood illness at the basis of his conception of hysteria. This is the 'real event' in which the hysterical symptom originates. Hysterical symptomatology always affects a specific bodily area. For Schilder, the body part which is prioritized is the result of a disease, which provokes a particular action or attitude towards the area of the body which is afflicted. In terms of the body image, the representation of the affected organ on the body schema will be emphasized. This is particularly true if the illness occurs in early childhood, when the body schema is in an exaggerated process of development. In The Image and Appearance of the Human Body, Schilder provides two examples of his understanding of the way in which illness can alter the body schema. In the first example, the illness cited is one in which an internal organ of the body is felt to be particularly painful. In this instance, the individual is induced to touch, rub or massage the painful area. The hand returns again and again to the aching organ, even though this may effectively increase the pain sensation that is experienced (Image and Appearance, 157). Schilder explains

that the painful organ has become a centre of experimentation with the body. By a process of touch, the individual is able to build up what Schilder terms as a 'key representation' of an organ, which is not normally available for representation on the body schema (Image and Appearance, 184). Organic illness facilitates the experimentation with organs which are otherwise beyond the reach of the subject. Organ neuroses, such as hysteria, are in turn prepared by such experimentations, in conjunction with a subsequent motivating factor.

This is not to suggest, however, that these experiments with body parts are not a healthy part of the development of the individual. Schilder observes of such experimentation with the body: 'It takes a part usually taken by the erogenic zones' (Image and Appearance, 126). Schilder is indicating here that pain provides an alternative mode to the libido, by which body parts may be recognized and differentiated from each other. This conflicts with Freudian psychoanalysis, which exclusively highlights the libidinal investment of body parts as a means of bodily experimentation and recognition. Schilder points out that in early infancy, there is a remarkably incomplete reaction to pain. In the earliest months, a bleeding wound provokes no pain reaction. Even at ten months, a child will bang its head against a wall as if it were a foreign object (Image and Appearance, 194-195). It seems that in order to be fully perceived, pain must be brought into connection with the organization of the body image. Schilder's subsequent citation of the condition of 'asymbolia for pain' supports this thesis (Image and Appearance, 101-103). In this condition, some pain is felt although it is not connected with the image of the body. It is dissociated from the body schema and so from the personality. Patients with this condition often offer themselves to the pain stimulus, and even inflict pain on themselves. It seems that they are not only curious about the sensation which they cannot completely perceive, but they are also driven by an intense need to localize this pain on the body schema.

This is analogous to the developing child. It seems that the infant similarly requires that the incompletely perceived sensation be localized on the body image, and so fully experienced in relation to the personality. The child offers itself to the pain

stimulus, inflicting on itself a considerable amount of violence. Schilder notes that in the forty-first week, the child bangs its own head with considerable force. On the four-hundred-and-ninth day, it bites its fingers, arms and toes, until it screams with the pain that is induced. The experimentation with pain sensations thus forms a vital part of the way in which the body image is constructed. Pain functions as an alternative stimulus to the libido, in focusing attention on a specific bodily part or zone.

The second instance that is cited by Schilder of the way in which illness can alter the body schema, concerns the irritation of the body surface. He writes of the way in which skin diseases, experienced early in life, can cause a premature development of the body image (Image and Appearance, 133). Itching causes the skin to be irritated and hence to become an irritating organ. It induces the individual to scratch, leading the hand to the whole surface of the body. When the subject scratches, he will invoke pain in himself. The whole surface of the body will be afflicted with sensations of a more or less painful type. These continuous sensations and touches lead to the development of an awareness of the body surface and its parts. The searching movements of the hands explore the body surface, before the child is libidinally drawn to the separate areas. Excessive skin irritation at an early age is therefore of importance in the construction of a premature conceptualization of the body image.

It is worth examining in some detail Schilder's description of the way in which the skin acts in an irritative disease, to induce the individual to scratch. He points out that the skin draws the hand especially to the genital region, which is particularly sensitive. He argues: 'The itching will lead the hand to the whole body and especially to the genital region, which is especially apt to provoke itching sensations' (Image and Appearance, 133). There seems to be some anxiety here that pain may induce the genital phase, before the libidinal investment of the body area has taken place. This would explain the curious passage, in which Schilder explicitly incorporates the itching of the skin into the mechanism of the genital libido:

the sex organs... are... a continual source of sensations and stimulations... Whenever there is an inner tension in the organ, the organ will ask for a contact either

with the hand of the person or with the outside world... It is true that what has been said about the genitals is in some ways true for the whole surface of the body. The skin is easily irritated... Continuous sensations are present... which, in view of what we have already said, must themselves enrich the image of the body. (Image and Appearance, 125)

The 'continuous sensations', or the itching of the body surface, is aligned with the genital libido, which is a 'continual source of sensations and stimulations'. Both act to induce contact, either with the hand of the individual or with an external stimulus. It is through this contact that the body part comes to be known, and so registered on 'the image of the body'. By aligning the two, Schilder is able to suggest that the pain which derives from scratching the skin, and which acts as a nucleus for the development of the body image, is not an alternative source of bodily investment to the libido, but is rather an integral part of the libido itself.

The strategy which is outlined above does not derive from Schilder, but is found in the work of Freud himself. In the essay 'On Narcissism' (1914), Freud writes on the subject of illness.⁶ The article is notable for the way in which it incorporates pain into the libidinal structures. In illness, Freud argues, there are distressing and painful bodily sensations. These absorb the interest and attention of the sick person, who concentrates on the organ which is the source of his suffering. This, however, implies that pain is an alternative source of bodily awareness to the libido. Freud therefore stresses the point that it is not merely his interest that the patient bestows on the painful organ, but his 'libidinal interest' ('On Narcissism', 75). The libido is drawn to the painful body part, which is treated as an area of investment. The high distribution of libido in the painful area causes a change in the erotogenicity of the organ. The area becomes an 'erotogenic zone', and acts as a 'substitute' for the libidinal structures ('On Narcissism', 77). Freud has neatly incorporated the impact of pain on the body schema, into his highly specialized understanding of the mechanisms of the libido. Pain attracts the libido to a specific body part which would not otherwise be libidinally invested. In other words, pain does not register in Freud's work as an alternative mode of bodily exploration to the

⁶ Sigmund Freud, 'On Narcissism', On Metapsychology: The Theory of Psychoanalysis, trans. James Strachey, ed. Angela Richards, Penguin Freud Library, 11, (Harmondsworth: Penguin, 1991), 59-94. Further references to this paper will be given after quotations in the text.

libido, but is instead integral to it. The concept of pain merely allows Freud to map another site onto his cartography of bodily development.

In a passage that is astonishingly similar to Schilder's (quoted above), Freud explicitly incorporates the painful sensations of the body into the genital libido. The genitalia are described as the 'prototype' of all the organs. Because of their potential to attract the libido through pain, the organs of the body act 'analogously' to the genitalia, which naturally attract the libido. The passage is exclusionary in two senses. Firstly, pain is excluded as an alternative source of bodily investment to the libido. Secondly, the genitalia are implicitly male and so Freud effectively excludes the female body from his discussion. The passage is worth quoting in full:

Now the familiar prototype of an organ that is painfully tender, that is in some way changed and that is not yet diseased in the ordinary sense, is the genital organ in its states of excitation. In that condition it becomes congested with blood, swollen and humected, and is the seat of a multiplicity of sensations. Let us now, taking any part of the body, describe its activity of sending sexually exciting stimuli to the mind as its 'erotogenicity', and let us further reflect that the considerations on which our theory of sexuality was based have long accustomed us to the notion that certain other parts of the body - the 'erotogenic' zones - may act as substitutes for the genitals and behave analogously to them. We have then only one more step to take. We can decide to regard erotogenicity as a general characteristic of all organs and may then speak of an increase or decrease of it in a particular part of the body. ('On Narcissism, 77)

The crux around which the passage revolves is the 'theory of sexuality' which is based on the 'erotogenic zones'. This refers back to the Three Essays on the Theory of Sexuality, which were published in 1905. It is this 'theory' which provides the structural connection in the passage between the 'genital organ' and 'all organs' of the body. It is able to provide the means by which Freud subordinates the multiplicity of the body to a single dimension, because it marks the historical point at which the body became for him exclusively a product of the libidinal drives.

As I have pointed out above, The Three Essays on the History of Sexuality also marks the point at which Schilder locates the origin of the 'modern epoch' of psychoanalytic thought. It should come as no surprise therefore that Schilder follows Freud, in describing pain sensations in terms of their attraction of libido. In The Image

and Appearance of the Human Body, Schilder states explicitly: 'The part of the body in which the pain is felt gets all the attention. Libido is concentrated on it (Freud) and the other parts of the body image lose in importance' (Image and Appearance, 104). However in Schilder's analysis, the two elements of pain and libido fail to be drawn seamlessly together. Although 'the other parts of the body image lose in importance', they refuse to be entirely subordinated to the libidinal structures of Freudian thought. Schilder notes that the painful organ which has been invested with libido does not thereby become a nucleus of pleasurable sensations. Libidinal investment does not here entail the creation of a love-object. On the contrary, the painful part of the body becomes isolated. There is a tendency to push it out of the body image. When the whole body is filled with pain, there is an attempt to get rid of the whole body (Image and Appearance, 104). Schilder expresses this in the specialized, Freudian terminology of the libido. He writes as follows:

The individual defends himself against the libidinous overtension of the ...organ; he tries to isolate the diseased organ, to treat it like a foreign body in the body-image. This fight is entertained by an ego system, which is at least partially preserved and which has strength enough to fight against the libidinous organ. (Image and Appearance, 142)

In the preceding section, it was clear that for Freud the ego was built up as a consequence of the successive libidinal stages. The libido was clearly implicated in the construction of the ego. In this passage, however, the libido is invested in a source of pain. It therefore becomes a negative force, which destroys the ego system. In other words, its function is entirely reversed. The ego, far from itself deriving from the 'libidinous overtension' of the erotogenic zones, is now forced to fight against the libidinally invested organ. This radical alteration in the relation of ego and libido does not originate in Schilder's work, but is implicit in Freud's essay 'On Narcissism'. It seems that in order to provide a model in which pain is incorporated into the structures of the libido, theoretical changes must occur at a wider level. The ego itself can only be 'partially preserved'. It could be argued, by implication, that psychoanalysis is invested at a crucial level in theories of the libido and childhood sexuality, and that therefore

establishing the supremacy of the libido over other modes of bodily awareness, is more important to Freud than preserving other elements of his system.

It could equally be argued, however, that this passage reveals a crucial 'difference' between Schilder and Freud. In opening up a space of conflict between the 'ego system' and the 'diseased organ', Schilder suggests the possibility of an alternative dynamic. Located as a source of 'strength', the 'ego system' 'fights' the painful body part by 'isolating' it, or rejecting it from the body image. The dynamic which is revealed is one of spatial performativity - the 'ego system' defends its boundaries by 'pushing' the source of pain outside of the body schema. Although Schilder's work is heavily invested in Freudian thought, there is a glimpse of conflict here. Schilder fights against the 'libidinous overtension' of body parts, in order to 'preserve' the body image, and in so doing hints at the emergence of a new therapeutic dynamic, which is based on a mode of spatial performativity.

JACQUES LACAN'S MIRROR REFLECTIONS

We have laid some stress on this phenomenological detail, but we are not unaware of the importance of Schilder's work on the function of the body-image, and the remarkable accounts he gives of the extent to which it determines the perception of space.⁷

In 1933, following the completion of his doctorate the previous year, Jacques Lacan published his first articles in Minotaure, a journal of the surrealists. Out of this work arose his first influential academic paper, presented in 1936 at the International Congress of Psychoanalysis in Marienbad. Here, Lacan introduced his formulation of the 'mirror stage' in the child's development. This paper was never published; the version that was included in Écrits dates from a later revision of the paper presented by Lacan in 1949.⁸ In his paper, Lacan was concerned to locate the mirror stage at a precise

⁷ Jacques Lacan, 'Some Reflections on the Ego', International Journal of Psychoanalysis, 34, (1953), 11-17, (p. 13). Further references to this article will be given after quotations in the text.

⁸ Jacques Lacan, 'The Mirror Stage as Formative of the Function of the I as Revealed in Psychoanalytic Experience', Écrits: A Selection, trans. Alan Sheridan, (London: Tavistock, 1977), 1-7. Further references to this article are given after quotations in the text.

chronological period in the physical development of the child, arguing that it occurred when the infant was between six and eighteen months of age. He appeared to evidence considerable concern for the actual structures and capabilities of the body with which he was dealing, and he simultaneously exhibited an informed understanding of the successive forms of evolution of the body image itself. However, it is worth noting that in 1938, Lacan was accepted as a training analyst by the International Psychoanalytical Association, and so demonstrated his allegiance to Freudian ideas and methods. Although Lacan claims Schiller as a primary influence on his work (see quotation above), a question arises regarding the extent to which Lacan was influenced by Freud's highly specialized understanding of the nature and operations of the body schema.

The importance of Lacan's concern with chronology lies in the recognition that the mirror stage occurs at a period of development in which the child has not yet developed full motor capacity. Lacking in muscular co-ordination, the infant is as yet unable to stand or walk without support, whether human or artificial. The mirror phase represents a stage at which, despite his imperfect control over his own bodily activities, the child is nevertheless able to imagine himself as a self-governing entity. Finding himself in front of a mirror, the child is fascinated by the image which is reflected. The mirror reflection reveals to the child that his body is an integrated whole. What he sees as a unified exteriority in the mirror is belied by the turbulence and chaos occasioned by his own sensory and motor immaturity. The infant's jubilant adoption of the mirror image as a reflection of his own body is consequently based less on recognition than on identification - the child identifies with a level of co-ordination and integration that he has not yet been able to achieve experientially. The child feels disunified at the same time as he perceives an image of (possible) unity for himself. In the terminology of Lacan, the infant's relation of the mirror reflection to his own body during the mirror phase is based on a 'misrecognition' (*méconnaissance*). The process is fraught with tensions and contradictions, since the child identifies with an image that both is and is not himself.

In his account of the mirror stage, Lacan adopts from his predecessors and contemporaries in the fields of neuropsychology and psychiatry, the concept of the body image. Renaming it the 'imaginary anatomy', Lacan writes of the internalized map or image of the body, which the subject develops through his or her contact with others and the culture in which he or she lives. Drawing on the work of Janet, Lacan argues that the symptoms of hysteria follow closely the pattern of the body schema. Instead of observing the neurological connections in organic paralyses, hysterical paralyses reproduce various naïve or everyday beliefs about the way in which the body functions. He writes of the hysterical symptom as follows:

If the hysterical symptom is a symbolic way of expressing a conflict between different forces, what strikes us is the extraordinary effect that this 'symbolic expression' has when it produces a segmental anaesthesia or muscular paralysis unaccountable for by any known grouping of sensory nerves and muscles. To call these symptoms functional is but to confess our ignorance, for they follow the pattern of a certain imaginary Anatomy which has typical forms of its own. In other words, the astonishing somatic compliance which is the outward sign of this imaginary anatomy is only shown within certain definite limits. I would emphasize that the imaginary anatomy referred to here varies with the ideas (clear or confused) about bodily functions which are prevalent in a given culture. ('Some Reflections on the Ego', 13)

Lacan here appears to accept the formulation of the body schema derived from Janet, but some caution is required. It is notable that Lacan refers only to the social and cultural influences by which the body schema is developed ('the ideas... about body functions which are prevalent in a given culture'). His interest in the body schema is confined to its socio-cultural determinants; he does not take into consideration its formation by physical experience and habit, the automatic actions of the body which were so important a determinant for Janet in the precise form taken by a hysterical symptom.

The limitations in Lacan's treatment of the body image are extended when he proceeds to examine the work of his contemporary, Paul Schilder. In 'Some Reflections on the Ego', Lacan acknowledges his awareness of the importance of Schilder's writing on the body image, indicating particularly Schilder's work on the phenomenon of the phantom limb. The phantom limb represents the organization of the body image according to the tasks which the body is accustomed to perform, or its habitual

movements. The phantom arm thus arises from the extent to which the body is accustomed to rely on the hand as a tool for manipulating and exploring the objects with which it comes into contact. The phantom leg arises from the body's dependence on its function as a mode of transportation. The gradual disappearance ('telescoping') of the phantom arm, and the merging of the phantom leg with a prosthesis, indicate the slow transposition of the function onto another body part. The phantom limb thus reveals the remarkable adaptability and flexibility of the body schema.

Lacan's analysis of the phantom limb again omits from the body schema all consideration of the habitual or automatic actions of the body. He is concerned to extend Schilder's definition of the phantom limb, writing as follows:

The meaning of the phenomenon called 'phantom limb' is still far from being exhausted. The aspect which seems to me especially worthy of notice is that such experiences are essentially related to the continuation of a pain which can no longer be explained by local irritation; it is as if one caught a glimpse here of the existential relation of a man with his body-image in this relationship with such a narcissistic object as the lack of a limb.

The effects of frontal leucotomy on the hitherto intractable pain of some forms of cancer, the strange fact of the persistence of the pain with the removal of the subjective element of distress in such conditions, leads us to suspect that the cerebral cortex functions as a mirror, and that it is the site where the images are integrated in the libidinal relationship which is hinted at in the theory of narcissism. ('Some Reflections on the Ego', 13)

The important point to note here is that, for Lacan, the phantom limb operates as a 'narcissistic object'. This is an allusion to Lacan's own formulation of the 'theory of narcissism', modified from Freud's writings, which refers to the child's captivation by his own reflection at the mirror stage. Samuel Weber, in his study of Lacan, indicates that the importance of the myth of Narcissus in the context of Lacan's thought, is that Narcissus was not merely in love with himself but with an image of himself.⁹ The myth thus underlines Lacan's point that the mirror reflection is an idealized representation of the child, with which he identifies. The mirror phase is based on a 'misrecognition', in which the image both is and is not the child. What Lacan performs in the passage above

⁹ Samuel Weber, *Return to Freud: Jacques Lacan's Dislocation of Psychoanalysis*, trans. Michael Levine, (Cambridge: Cambridge University Press, 1991), p. 16.

is a transposition of the mirror stage onto the phenomenon of the phantom limb. The cerebral cortex functions as the 'mirror' in which the subject's actual body is reflected, to become an idealized image with which the subject can identify, and which both is and is not the actual body (the 'body image'). In this case, the 'mirror' reflects the actual body (the absent limb) as if it were whole once more: thus, the phantom limb is produced. As in the mirror stage, the subject is captivated by this idealized image: the phantom limb becomes a 'narcissistic object' to which the subject develops a 'libidinal' attachment.

The theoretical implications of this account are important. The phantom limb (representative of the body image as a whole) is reduced to a body part (an 'object'), with which the subject develops a 'libidinal relationship'. This also acts on the level of the mirror phase. The child's idealized reflection acts as a representative of the body image, in which the child libidinally invests as if it were analogous to any other body part. The model of the body used by Lacan thus represents a return to Freud - it is divided into a series of individual parts which act successively as a matrix of libidinal investment. In the mirror phase, Lacan is effectively incorporating the body schema into Freud's model of the child's development. It is reduced to merely another body region; in Lacan's formulation, the subject's attachment to the body schema follows the oral, anal and genital phases, as a preliminary to the Oedipal complex.

Lacan's work on the body image in the 1930's thus appears to derive from his reading of Janet on the hysterical paralyses, combined with an understanding of the work of his own contemporary, Paul Schilder. However, his formulation of the mirror phase does not owe as much to the field of body-image theorization as to the discipline of psychoanalysis. It represents a return to the body as a bit of matter, a network of mechanisms. A problem thus arises in Lacan's account of the phantom limb, quoted above. In Lacan's formulation, the 'libidinal relationship' which the subject forms is with a source of pain. He ignores the introduction by Schilder of a dynamic of conflict between the 'ego system' and the painful body part, which results in the isolation from the body image of the source of 'intractable pain' (Image and Appearance, 142). He returns instead to Freud's model of libidinal investment in pain, so that the individual is

left with no 'defence' with which to 'fight' against the invasion of the boundaries of the body in physical suffering.

MERLEAU-PONTY AND THE PHENOMENOLOGICAL METHOD

In 1949, Lacan addressed a paper to the International Congress of Psychoanalysis, in which he spoke of his concept of the mirror stage. This year marked a turning point in his work, in which he moved away from his early fascination with the domination of the individual by his or her image, and engaged with the writings of the linguist, Ferdinand de Saussure. In the same year, Maurice Merleau-Ponty, seven years his junior, introduced a series of lectures on 'Consciousness and the Acquisition of Language', in his rôle as Professor of Child Psychology and Psychiatry at the Sorbonne. In these lectures, Merleau-Ponty cited closely Lacan's notion of 'pre-maturation' in the child's psychological development, an idea which was stressed particularly in Lacan's 1936 paper on the mirror stage, which had remained unpublished. Merleau-Ponty was able to cite Lacan so closely because the two not only knew each other's work, but were also personally acquainted. Merleau-Ponty regarded Lacan as a major influence on the development of his system of phenomenology. In 'The Child's Relations with Others', an essay published posthumously in 1964, Merleau-Ponty wrote that Lacan had transformed the notion of the body image, and he singled out the concept of the mirror phase for particular praise.¹⁰ However, Merleau-Ponty's unqualified admiration for Lacan should perhaps be regarded with some caution; the critic, John O'Neill has suggested that there is an underlying 'incompatibility' between the two thinkers:

The question we have to decide is whether the Lacanian view of the body image at the mirror-stage is really as compatible with Merleau-Ponty's phenomenology of the infant's corporeal schema as he himself takes it to be.¹¹

¹⁰ Maurice Merleau-Ponty, 'The Child's Relations with Others', The Primacy of Perception, and Other Essays on Phenomenological Psychiatry, the Philosophy of Art, History and Politics, ed. James M. Edie, trans. William Cobb, (Evanston, Illinois: Northwestern Universities Press, 1964), 96-155.

¹¹ John O'Neill, 'The Specular Body: Merleau-Ponty and Lacan on Infant Self and Other', Synthese, 66, (1986), 201-217 (p. 202).

Arguably, Merleau-Ponty's most influential work was The Phenomenology of Perception (1947), in which he wrote extensively of his views regarding Freudian psychoanalysis.¹² His assessment of the contribution of psychoanalysis to the field of psychiatry is worth quoting in full:

Here we concur with the most lasting discoveries of psychoanalysis. Whatever the theoretical declarations of Freud may have been, psychoanalytical research is [sic] in fact led to an explanation of man, not in terms of his sexual substructure, but to a discovery in sexuality of relations and attitudes which had previously been held to reside in consciousness. Thus the significance of psychoanalysis is less to make psychology biological than to discover a dialectical process in functions thought of as 'purely bodily', and to reintegrate sexuality into the human being.

...For Freud himself the sexual... is the general power, which the psychosomatic subject enjoys, of taking root in different settings, of establishing himself through different experiences, of gaining structures of conduct. It is what causes man to have a history. In so far as a man's sexual history provides a key to his life, it is because in his sexuality is projected his manner of being towards the world, that is, towards time and other men. (Phenomenology of Perception, 157-158)

Merleau-Ponty here appears to 'concur' with Lacan in according Freudian psychoanalysis a privileged status. He argues that the 'lasting' contribution of psychoanalysis has been to dislodge the supremacy of 'consciousness'. However, where other writers have opposed this to the subconscious, Merleau-Ponty reads 'consciousness' as the faculty of the mind and opposes it to the physical sphere. For Merleau-Ponty, the achievement of psychoanalysis has been to redefine sexuality, so that it is no longer a mere function of bodily processes, but is a mode of conduct towards others, which takes place on the level of the organism as a whole. It is the creation of a 'psychosomatic' subject, who combines the levels of body and psyche, which is crucial for Merleau-Ponty. It is only when the organism can be viewed as a whole that there is a subject who is capable of being grounded in a concrete, lived reality ('taking root in different settings') and who can be set in a historical context ('It is what causes man to have a history').

Merleau-Ponty introduces a case history into his argument, in order to exemplify his meaning. He writes of a girl whose mother has forbidden her to see again the young

¹² Maurice Merleau-Ponty, The Phenomenology of Perception, 4th ed., trans. Colin Smith, (London: Routledge & Kegan Paul, 1967). Further references to this book will be given after quotations in the text.

man with whom she is in love. The girl gradually falls sick: she cannot sleep, she loses her appetite, and finally she is unable to speak. Merleau-Ponty notes in his text: 'A strictly Freudian interpretation of this would introduce a reference to the oral phase of sexual development' (Phenomenology of Perception, 160). Surprisingly, however, Merleau-Ponty is unequivocal in his condemnation of this approach. He writes that it is impossible to talk of a distinctive development of sexuality, such as Freud is concerned to map in his chronology of childhood complexes. Sexuality cannot be confined to a single body part, for it is by nature pervasive. Merleau-Ponty writes evocatively: 'From the part of the body which it especially occupies, sexuality spreads forth like an odor or like a sound' (Phenomenology of Perception, 168). Sexuality cannot be confined to the genital organs, as Freud contests in his formulation of the genital phase, in which the libidinal attachment to other organs is given up or repressed. For Merleau-Ponty, this entails regarding the sexual apparatus as in abstract separation from the rest of the body - sexuality has become a removable appendage. If body parts are viewed in isolation, a man's hand or foot can be removed without damaging the conception of him as a whole person; he is simply regarded as 'handless' or 'footless'. So if the genitalia are removed, he is still regarded as an entire individual, but is seen to be 'sexless'.

For Merleau-Ponty, this is a false conception of the human, who is composed not of the sum of his bodily parts, but of the functions that he is able to perform. As a phenomenologist, his interest lies in the 'intentionalism' of the subject, the drive toward objects and other bodies. Man is thus distinguished from other animals by his tool-making capacity, which is a function of the hands. However, if the hands are lost, the organism adapts, so that an alternative body part assumes their task. Even if the hands are lost, the function which they perform is transposed, and so the individual cannot be said to be truly 'handless'. The clearest operation of this principle lies in the phenomenon of the phantom limb, which represents for Merleau-Ponty, not a source of narcissistic libidinal investment, but the organization of the body image according to the tasks which the body is accustomed to perform. The gradual disappearance of the phantom limb, as its function is transposed onto another body part, demonstrates the true impact of

Merleau-Ponty's statement that on the level of the body schema, a man can never be regarded as 'handless' or 'footless', for the function that these body parts perform does not disappear, even if the extremity itself is lost.

The same is true of the sexual function, which exists in the human as an 'atmosphere' (Phenomenology of Perception, 169). It underlies the activities of the whole organism and motivates both consciousness and bodily activity. The removal of the genitalia does not take away from the individual those modes of conduct towards others in which sexuality can be said to inhere; Merleau-Ponty does not 'concur' with Freud's separation of sexual existence from other modes of relating to the world. Returning to the case of the young girl separated from her lover, Merleau-Ponty indicates that her loss of voice cannot simply be reduced to a form of 'sexuality' which is confined to the oral region, but is an expression of a whole sequence of conflicts, sexual and otherwise, on the level of the organism as a whole. Loss of speech, in this instance, constitutes a refusal of co-existence with others. The emotion elects to find its expression in loss of speech because of all bodily functions, it is the most intimately connected with communal existence. Not only is her mouth incapable of ejecting language, it is also unable to incorporate food. Her inability to swallow arises from the fact that swallowing implies the ability to incorporate events and assimilate them. The patient is expressing at a literal level her inability to 'swallow' the events which have been imposed on her. The loss of voice is no accident; the body area acts as a matrix for the emotions which cannot otherwise be expressed. The organism acts as a whole to express the suffering which it undergoes, and which is neither purely physical nor purely psychological.

Merleau-Ponty therefore 'concurs' in his writing, not with Lacan's view of the body image, which is in turn derived from Freud's highly specialized understanding of its operations, but with Schilder. However, he exceeds Schilder in his explicit rejection of the libidinal drives as central to the development of the individual. This version of

Freudian psychoanalysis is termed by Merleau-Ponty as 'superficial'.¹³ It is centred on an understanding of the body in isolation from the organism as a whole. Merleau-Ponty juxtaposes this 'philosophy of the body' to what he terms the 'philosophy of the flesh'. 'Flesh' was to become a key term in Merleau-Ponty's later work and arose from his understanding that there was an absence in theory for a term which encompassed the animate body, that is, a body which is viewed as inseparable from an enlivening consciousness (*animus*). In a late work, *Signs*, Merleau-Ponty provides a history of how he sees the transformation from a 'philosophy of the body' to a 'philosophy of the flesh' to have been effected.¹⁴ He argues that at the close of the nineteenth century, many thinkers viewed the body merely as a network of mechanisms. It was this nineteenth-century view which Freud inherited in his founding of psychoanalysis. Merleau-Ponty remarks: 'Did not psychoanalysis take up the tradition of mechanistic philosophies of the body - and is it not still frequently understood in the same way today?' (*Signs*, 227) By reducing the most elaborate and complex behaviour of individuals to a system of explanation based on instincts, particularly sexual instincts, Freud is restricting interest in the human subject to a mechanistic working of the body. However, Merleau-Ponty contends that there has been a revolution in thought throughout the twentieth century. The modern evolution of thought has led to a rejection of dualism and the victory over the opposition between body and mind is seen by Merleau-Ponty to be one of the most striking features of philosophic thought in the twentieth century. Modern theory has eliminated the dividing line between 'mind' and 'body' and sees human life as both mental and corporeal.

This notion of a 'philosophy of the flesh' informs Merleau-Ponty's phenomenological project, which is primarily concerned to elucidate a theoretical model of the body as it is lived and experienced by the individual, and as it in turn shapes the individual's experience of the surrounding environment. He borrows from the body-

¹³ Maurice Merleau-Ponty, 'Working Notes', *The Visible and the Invisible*, trans. Alphonso Lingis, (Evanston, Illinois: Northwestern Universities Press, 1968), 269.

¹⁴ Maurice Merleau-Ponty, *Signs*, trans. R. C. McCleary, (Evanston, Illinois: Northwestern Universities Press, 1964). Further references to this book will be given after quotations in the text.

image theorists the notion that the body may be organized around a fictional or phantasmatic construction, outside of or beyond its neurological structures. This notion affords Merleau-Ponty a model of the body, which is conceived according to the tasks which it is accustomed to perform, rather than as the sum of its parts. The body that results is highly adaptive and considerably more flexible than a strictly anatomical model would allow.

Contemporary critics, most notably Alphonso Lingis, have taken issue with Merleau-Ponty's organization of the body in relation to its habitual actions. In Foreign Bodies (1994), Lingis renames the phenomenological body as the 'competent body', and argues that Merleau-Ponty's analysis is inadequate because it fails to account for those situations in which the body is incompetent, or unable to perform tasks.¹⁵ The instance of this which is cited by Lingis is physical pleasure - in experiencing pleasure, the body deliberately renounces its competence. I would argue that there are dangers inherent in Lingis' project of stripping the body of its competence. In contrast to Lingis, I propose to centre discussion on the phenomenon of physical pain, which snatches competence away from the body, and is almost entirely beyond the individual's control. Extensive reference will be made to Elaine Scarry's seminal work, The Body In Pain (1985).

In Foreign Bodies, Lingis outlines his definition of Merleau-Ponty's work (Lingis, 13-20, 47-48). He points out that for Merleau-Ponty, the world is perceived as a series of objectives. The world is a practicable field, which must be negotiated in order for goals to be attained. When an object is seen in space, Lingis claims, the phenomenological body apprehends it as an exterior objective, and so activates its own immanent knowledge of how to approach it. The phenomenological body does not tend towards a state of rest, but maintains a state of permanent tension, in which it is positioned (postured) in readiness for its typical tasks in each specific type of environment. It carries within itself a knowledge of how to position or centre itself, in order to take hold of things. When an objective is perceived, the body activates its own

¹⁵ Alphonso Lingis, 'The Competent Body', Foreign Bodies, (London and New York: Routledge, 1994), 3-28. Further references to this chapter will be given after quotations in the text.

force by converging its sensory surfaces and integrating its powers and parts. This ability of the body to orient itself is reliant on the postural schema. This operates identically in body-image theory and in phenomenology - it is not a momentary intention but a dynamic diagram, built up through former movements and actions, which maintains and varies itself. It is not elaborated at a central point of synthesis or will, but each energized part regulates and determines the force and orientation of the other parts. A new gesture or movement does not arise as a spontaneous invention, but is a realization of one of the variants contained in the diagrams of organization that the body has contracted. If the phenomenological body is thus a competent body, it is the postural schema or body image which provides a locus for this competence. For Lingis, the task of phenomenology itself is twofold. Firstly, it must devise a language in order to describe the world as a practicable field - all the paths, horizons, obstacles and objectives that the body must perceive and undergo. Secondly, it must be able to describe the postural schema as it is experienced by the individual - the actions, gestures and operations which constitute practical competence.

The model of the phenomenological body that Lingis identifies is thus one which works itself into the world. It identifies its own existence with its ability to carry out tasks, or its competence. I am not disputing here that Lingis has correctly identified the major theme of Merleau-Ponty's work; Merleau-Ponty structures the body around the habitual tasks which it is accustomed to perform and so writes himself into the tradition of body-image theory. However, Lingis omits from his analysis Merleau-Ponty's account of 'passive intentionality'. This notion derives from Merleau-Ponty's recognition that the body does not, in fact, exist in a state of permanent tension. The assumption of an unrestricted availability of the body for action clearly does not match the biological facts. He therefore introduces the idea of 'passive intentionality' as a means of describing those situations in which the body is set free and not controlled.¹⁶ However, as the phrase suggests, Merleau-Ponty does not believe that the body ever entirely relinquishes its

¹⁶ The following discussion is based on Hans Jonas, 'The Intersubjective Constitution of the Body Image', *Human Studies*, 6 (1983), 197-204.

capacity for 'intentional' acts: it is never truly incompetent. I wish to elaborate this claim, and suggest an alternative reading of the 'competent body', by examining the most famous instance of this structure - Merleau-Ponty's extended description of falling asleep.

The first point that I wish to note is that Merleau-Ponty's description of falling asleep differs markedly from that of Schilder, who suggests that in the process of falling asleep the body image undergoes a process of fragmentation. Once in sleep, the body schema is almost entirely relinquished:

Federn has carefully described the changes in the body-image which occur when we gradually fall asleep. It often completely loses its third dimension. It is distorted in all directions. The distance of symmetrical parts can appear much larger than the length of the body. The dimensions in space lose their proportions. When two or three parts of the body are experienced correctly, the remaining part becomes a vague mass, enlarged or diminished. Sometimes the body-image reaches only to the trunk or the knees. But parts of the middle of the body can also disappear. The borderline of the body in one direction may become blurred and it seems to be moving on this side. The body image of the face and of the head is generally free. The parts of the body which touch the support are also stabilized. But even the shape of the head can be changed. (Image and Appearance, 115-116)

It is clear that for Schilder the process of falling asleep entails a disintegration of the body image, which is subjectively experienced as the loss of body parts, or their distortion in terms of length, dimension or proportion.

Merleau-Ponty describes the process of falling asleep in The Phenomenology of Perception. Initially, this appears to accord with Schilder's treatment; Merleau-Ponty describes the gradual relaxation of the posture of the body and its accompanying loss of competence:

...I lie down in bed, on my left side, with my knees drawn up; I close my eyes and breathe slowly, putting my plans out of my mind. But the power of my will or consciousness stops there. As the faithful, in the Dionysian mysteries, invoke the god by miming scenes from his life, I call up the visitation of sleep by imitating the breathing and posture of the sleeper. The god is actually there when the faithful can no longer distinguish themselves from the part they are playing, when their body and consciousness cease to bring in, as an obstacle, their particular opacity, and when they are totally fused in the myth. There is a moment when sleep 'comes', settling on this imitation of itself which I have been offering to it, and I succeed in becoming what I was trying to be: an unseeing and almost unthinking mass, riveted to a point in space

and in the world henceforth only through the anonymous alertness of the senses.
(Phenomenology of Perception, 163-164)

A closer reading suggests that for Merleau-Ponty, the process of falling asleep is merely another level of the body's competence. The postural schema assumes the position of one who is asleep - lying down, on the left side with the feet drawn up, in a 'foetal' position. The body imitates sleep, and the speed with which sleep 'comes' appears to be a measure of the body's success at its task of mimicry ('I succeed in becoming what I was trying to be'). The postural schema is not relinquished, as in Schilder's analysis, but rather becomes a focus for imitation. However, this reading derives its critical terms from Lingis' critique of the 'competent body'. In its place, I would like to suggest an alternative reading based on the notion of performativity. What Merleau-Ponty's analysis suggests is that beyond the 'power of my will or consciousness', there exists a bodily mode of performativity, which is capable in this instance of 'imitation' and 'miming'.

The second point which arises out of Merleau-Ponty's description of falling asleep is its reliance on the model of 'conversion'. The individual imitates the posture and breathing of one who is asleep and, by a process of conversion, becomes the sleeper whom he or she is miming. This registers in Merleau-Ponty's text in his comparison of the sleeper to the hysterical patient, separated from her lover, whose loss of voice and appetite was analysed earlier in this section. Merleau-Ponty observes that sleep and hysterical illness are alike, for they are both reliant on bodily transformation - mimicry of sleep is transformed into real sleep, just as the patient's refusal to accept ('swallow') what has happened to her is converted into the symptomatology of an inability to eat. What is crucial for Merleau-Ponty in the model of hysteria that he has invoked is the rôle of consciousness. Working in the dissociative tradition of Janet, he writes that the girl's inability to speak has not been repressed into a radically separate unconscious, but remains in a subconscious which is at the margins or periphery of consciousness. Illness thus does not constitute a breach in consciousness: what is split off from the conscious mind is only at a partial remove. Merleau-Ponty transfers this theoretical model onto the phenomenon of sleep. The sleeper is never entirely asleep, but retains at every moment

the power to withdraw from sleep and enter into active negotiation with the world once more. In sleep the body schema does not disintegrate, as it does in Schilder's work. There is, rather, an 'anonymous alertness of the senses', which continually monitor the surrounding environment:

It is true that this last link makes waking up a possibility: through these half-open doors things will return or the sleeper will come back into the world... In this sense a sleeper is never completely isolated within himself, never totally a sleeper, and the patient is never totally cut off from the intersubjective world, never totally ill... We remain free in relation to sleep or sickness to the exact extent to which we remain always involved in the waking and healthy state, our freedom rests on our being in a situation, and is itself a situation. (Phenomenology of Perception, 164)

His phenomenological method means that Merleau-Ponty always situates his subject in an 'intersubjective world'; even in states of illness or sleep, when consciousness is affected, 'half-open doors' remain to connect the subject to 'the world' of objects and other beings. Although intentionality is weakened in these states, it is nevertheless still present; the subject is not 'cut off' from the world, but can still reach out towards it in modes of bodily performance.

Merleau-Ponty's conception of 'half-open doors' which always connect the subject to the world of objects and other bodies, seems to me to be crucial when the problem of pain is introduced into the phenomenological method. It opens up a conceptual space, and allows for the elaboration of a new therapeutic dynamic. Scarry's volume, The Body In Pain, is informed by work which has been carried out on the body image, and emphasizes the ethical importance of the phenomenological body. The book opens by indicating the profound inexpressibility of pain - physical pain, in particular, has no voice and is entirely incommunicable to others. Scarry is unequivocal as to why this should be the case: it is because pain alone, of all the psychic, somatic and perceptual states, has no object in the external world. It is this objectlessness, this complete lack of referential content, that prevents it from being rendered accessible in language:

If one were to move through all the emotional, perceptual, and somatic states that take an object - hatred for, seeing of, being hungry for - the list would become a very long one and, although it would alternate between states we are thankful for and those we dislike, it would be throughout its entirety a consistent affirmation of the

human being's capacity to move out beyond the boundaries of his or her own body into the external, sharable world. This list and its implicit affirmation would, however, be suddenly interrupted when, moving through the human interior, one at last reached physical pain, for physical pain - unlike any other state of consciousness - has no referential content. It is not of or for anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objectification in language. (Scarry, 5)

It is also because it has no object that pain poses a problem for the phenomenological method. The phenomenological body is fundamentally based on its movement out beyond its own boundaries into the external, sharable world. Its momentum is towards objects which it grasps and manipulates. Scarry appears to introduce a theoretical model which renders the phenomenological body a redundant form.

Scarry is not content, however, to accept the theory of pain which she has outlined. She argues, on the contrary, that the task of objectifying pain is one which is crucial to therapeutic strategy (Scarry, 6). It is a project which is laden with practical and ethical significance, for it is only when physical pain is transformed into an objectified state that it will be accessible to language. Avenues will thereby be made available by which this most radically private of experiences may enter into public discourse. Those who are free of pain will no longer be able to bypass the bodily event, or the person who is in pain. The main area in which the authors of this language of pain have been active is in the medical context. Scarry observes that the era in which physicians do not trust the human voice is now thankfully over. The present era of medicine is largely based on a profound respect for the human voice, and focuses increasing attention on the nature and treatment of pain. She thus concurs with the analysis of medicine which I have been propounding: the twentieth century has witnessed an increase in the treatment of the organism as a whole, rather than merely of those symptoms that are evident in the clinical observation.

The example which Scarry cites as evidence of this new language of pain is the 'McGill Pain Questionnaire' (1975), devised by Ronald Melzack and his colleague W. S. Torgerson. Scarry emphasizes that Melzack and Torgerson have not devised a new vocabulary in order to articulate the experience of pain, but have gathered the apparently

random words by which patients describe their experiences and arranged them into coherent groups. By listening to the human voice, they have uncovered a structure residing in the already-existing vocabulary, which originates with the patients themselves. The diagnostic questionnaire relies on strategies of objectification, in order to produce an accurate description of the pain experienced. Many of the adjectives used by patients were found to imply the action of an external agent on the body, which allowed the patient to articulate his or her experience of pain by externalizing it in a foreign object. For example, words such as 'burning', 'stabbing', 'drilling' are contained in the questionnaire. The patient is asked to characterize the pain as if it derived from a source outside of the body, and identify the agent that they imagine to be responsible for the hurt. In naming the pain as 'drilling', the patient is in effect saying: 'It feels as though a drill...'. Similarly if the pain is identified as 'stabbing', then the patient subjectively experiences the pain as a knife entering the body in repeated motion. Scarry clarifies:

Because the existing vocabulary for pain contains only a small handful of adjectives, one passes through direct descriptions very quickly and... almost immediately encounters an 'as if' structure: it feels as if...; it is as though... On the other side of the ellipse there reappear again and again... two and only two metaphors whose inner workings are very problematic. The first specifies an external agent of the pain, a weapon that is pictured as producing the pain; and the second specifies bodily damage that is pictured as accompanying the pain. Thus a person may say, 'It feels as though a hammer is coming down on my spine' even when there is no hammer; or 'It feels as if my arm is broken at each joint and the jagged ends are sticking through the skin' even when the bones of the arm are intact and the surface of the skin is unbroken. Physical pain is not identical with (and often exists without) either agency or damage, but these things are referential; consequently we often call on them to convey the experience of the pain itself. (Scarry, 15)

Clearly this form of diagnosis (which also acts as a means by which patients are able to articulate their experience) relies on the 'half-open doors' of Merleau-Ponty's description. Patients who are overwhelmed by pain are encouraged to connect to the 'world' of objects, which simultaneously act as a form of communication, or contact with other subjects.

Modern forms of pain therapy have extended this diagnostic criteria. The object or weapon that the patient conceptualizes as an analogy for his or her internal experience

of pain thus becomes a focus in therapy, and is resisted or pushed out of the body to the external world where it properly belongs. In this therapeutic mode, pain is contested by a process of reversal: the objects (representative of the patient's world) that he or she is deprived of by pain, are reclaimed in a radical reassertion of the body's competence. The imaginary object which the patient identifies with his or her pain is transformed from a weapon, by which the patient is being attacked, to a tool with which the pain is able to be manipulated and even rejected altogether. No clearer example could be provided of the inclusion of the whole patient into medical treatment; psychological attitudes are revised in the hope that they will activate the body toward health. The crucial point, however, is that this therapeutic dynamic is constructed around the phenomenological method; it emphasizes that the patient is not 'cut off' from the world by pain, but is crucially able to connect to a world of objects. In therapy this connection is utilized, so that the (initially hostile and invasive) imaginary object is transformed to a tool, which can be manipulated by the patient and pushed outside the boundary of the body image in a mode of bodily performativity.

There are thus important theoretical and practical implications of a psychotherapy which is based on the phenomenological method. The 'outer directedness' of the phenomenological subject, who is driven or impelled towards objects and other bodies, allows an outlet for pain, which can thereby be conceptualized and transformed. In psychoanalysis, which focuses on the inner mechanisms of the libido, no such outlet exists; pain is merely incorporated into the libidinal development of the individual. Therefore pain threatens to entirely overwhelm the subject of psychoanalysis; in its passage, the ego is only 'partially... preserved'. The figure of Paul Schilder stands as the pivot between psychoanalysis and the phenomenological method. His own work largely retains the libidinal structures which dominate Freudian psychoanalysis, but he hints at the emergence of a new dynamic, which was subsequently to become a major influence on the development of Merleau-Ponty's thought.

I wish to conclude this chapter, which has considered the relation of the body and spatiality, by introducing the notion of geographical space. Schilder was born,

raised and educated in the city of Vienna, but in 1928 he departed for America because of the increasing persecution of the Jews. This geographical move was also a liberation from the restrictive atmosphere of Freudian psychoanalysis. In April 1930, Schilder started work at the Bellevue Hospital in New York, where he headed a team of dynamic young medical staff and researchers. His colleagues recognized the potential of Schilder's work and incorporated his theories of the body image into their own research interests and therapeutic methods. The next chapter will survey one of the most dynamic results of this experimentation, which is used widely today to treat the pervasive psychological and physical pain of PTSD. I refer to the pioneering work of Schilder's colleague, Francizka Boas, in the development of what is now referred to as Dance Movement Therapy (DMT). This therapeutic mode builds on and consolidates the performative space, which was tentatively explored in Schilder's writing.

PART TWO

PREFACE

My thesis has thus far sought to trace the development of a conceptualization of the body which is based on the body image. I have argued that the notion of the body image evolved from the early theorizations by Janet in the late nineteenth century, through Schilder, Lacan and Merleau-Ponty to its current rôle in Dance Movement Therapy. However, the tradition of thought concerning the body image has always been overshadowed by the Freudian method of psychoanalysis, which is rooted in a highly specialized notion of the body image and based in the libidinal drives. By unearthing the work of Janet, Schilder and Merleau-Ponty, I have demonstrated that Freudian psychoanalysis is only one method of approach to the theorization of trauma and the body and I have thereby sought to disrupt its privileged status.

In the chapters which follow, I am interested in investigating the ways in which the concept of the body image can intervene in contemporary thought and creatively challenge our theoretical and therapeutic modes of approach to the body. Due to the highly exploratory nature of the work produced in this section, the connections and parallels made are necessarily more tenuous and experimental than in previous chapters. I feel that this is justified by my project of exploring new ways of thinking through the methods of, and connections between, the emergent disciplines of trauma studies and gender theory, in terms of a dynamic and performative body.

CHAPTER FOUR: THE DANCING BODY

CHOREOGRAPHING A PSYCHOTHERAPEUTIC INTERVENTION

POINTS OF DEPARTURE

To listen to the crisis of a trauma, that is, is not only to listen for the event, but to hear in the testimony the survivor's departure from it: the challenge of the therapeutic listener, in other words, is how to listen to departure. (Caruth, 'Introduction', 10)

Cathy Caruth, in her sensitively written study of trauma and its aftereffects, entitled 'Unclaimed Experience: Trauma and the Possibility of History',¹ examines Freud's late text 'Moses and Monotheism' (1939). In his fictional history of the Jewish people and religion, Caruth argues movingly and persuasively that Freud writes of the possibility of history that arises in the wake of trauma. The traumatic event is that which overwhelms by its sudden or catastrophic nature and is precisely that which cannot be assimilated by the understanding. It is only in the delayed, uncontrolled and repetitive occurrence of hallucinations and other intrusive phenomena that the event is experienced and assimilated by the individual. The possibility of history and of the event is thus problematized: it can no longer be straightforwardly mapped onto a simple model of experience and reference. However, this is not to say that history is thus eliminated, but that it is resituated in our understanding. Immediate understanding of an event is replaced by a temporal delay, which is precisely where the new mode of history arises. Caruth examines the way in which Freud's text itself exemplifies this new model of historical reality, by its fictionalization of the Jewish past. This has led to the work being regarded with deep distrust by critics, who have raised questions about its historical and political status. But it is arguably the notion of history that Freud offers in this text which challenges the reader to rethink his or her own assumptions about the historical process, in this era of catastrophe.

It is perhaps with some sense of surprise that Freud is located as the author of a text which radically challenges notions of history, narrative and the event. It has been

¹Cathy Caruth, 'Unclaimed Experience: Trauma and the Possibility of History', *Yale French Studies*, 79, (1991), 181-192. Further references to this article are given after quotations in the text.

clearly demonstrated that with the founding of psychoanalysis in 1896, Freud's desire for a scientific basis to his work led him to reject many of the most exciting and challenging discoveries of his early career. History, at first of the individual but later of the entire race, was organized around the straightforward model of the Oedipal complex; shared narrative gradually faded into monologue; and the event of childhood sexual abuse which Freud uncovered was once more concealed. Arguably, the reason that this late writing returns to the concerns of Freud's earliest work, is because it is a text which not only confronts issues of trauma and history in a radical and dynamic form, but also itself arises out of and inscribes the trauma of a particular historical event, which was to have a devastating impact on Freud himself and on Europe as a whole.

Caruth's essay provides a brilliant and comprehensive analysis of the ways in which Freud's text examines the Jewish past and history, and the implications that this treatment carries for modern theorists. I therefore wish to avoid repeating the same arguments, and I will focus instead on the historical situation in which 'Moses and Monotheism' was written, which intrudes into the writing in the third section of the text. The third and final section of the writing, 'Moses, His People and Monotheist Religion', is thus prefaced by not one but two explanatory notes, and the text is interrupted midway by a further 'Summary and Recapitulation'.² Of the two explanatory notes, the first is dated 'before March 1938', and is written in Vienna; while the second is dated 'June 1938', and is written in London. There thus exists between them a hiatus, which is marked by a change in geographical situation from Vienna to London, and a temporal gap of some three months. In the two notes, Freud recounts the historical events that mark his life at these two dates - the former is significant for the infiltration of Nazism into Austria, which causes Freud to suppress the text of 'Moses and Monotheism' from publication. By June 1938, however, Austria has been invaded by Germany and Freud has reached asylum in London. Now that Freud himself is safe and the psychoanalytic

²Sigmund Freud, 'Moses and Monotheism', *The Origins of Religion*, trans. James Strachey, ed. Albert Dickson, Penguin Freud Library 13. (Harmondsworth: Penguin, 1985), 237-386. Prefaces and summary are on pp. 295-297, 298-299 and 349-350 respectively. Further references to this essay are given after quotations in the text.

movement in Austria is effectively in ruins, Freud feels free at last to bring his text to publication.

Freud is seemingly able to write in his two prefatory notes a straightforward narrative account of the historical events surrounding the publication of his text. However, the importance of his writing, for the purposes of my analysis, lies in 'the short space of time between the two' notes, which is only briefly acknowledged by Freud ('Moses and Monotheism', 298). It is during this interval that Freud undergoes the devastating and catastrophic experience of departing from the city that has been his home for the majority of his life, and witnessing the collapse of the psychoanalytic community in Vienna, that represents his life work. He reports simply but movingly:

In the certainty that I should now be persecuted not only for my line of thought but also for my 'race' - accompanied by many of my friends, I left the city which, from my early childhood, had been my home for seventy-eight years. ('Moses and Monotheism', 298)

The trauma thus expressed is one of departure ('I left'). Caruth observes in her essay that this connects to Freud's description of trauma itself, which also represents a site of departure:

It may happen that a man who has experienced some frightful accident - a railway collision, for instance - leaves the scene of the event apparently uninjured. In the course of the next few weeks, however, he develops a number of severe psychical and motor symptoms which can only be traced to his shock, the concussion or whatever else it was. He now has a 'traumatic neurosis'. ('Moses and Monotheism', 309)

The two scenes of departure differ in a number of respects: Freud was forced to 'leave the scene' of his life and work by the German invasion and consequently the trauma lies for him in the act of departure itself. In the railway collision, the 'frightful accident' occasions the trauma; the point of departure appears to follow on from this. The two descriptions are connected, however, by an act of departure which is only 'apparent': both Freud and the man involved in the collision are only seemingly able to depart from the scene because, due to the 'shock, ... concussion or whatever else it was', they have not experienced the event at all. At the heart of both descriptions, the trauma is inscribed in the un-lived nature of the event that has taken place. In place of an

immediate understanding of what has happened, there is a temporal delay before psychical and motor symptoms insistently recur. Following Caruth, I wish to argue that it is in Freud's failure to describe the scene of his departure from Vienna (he remarks simply, 'I left'), that the trauma is inscribed in the text as that which cannot be grasped about leaving ('Unclaimed Experience', 190). In the place of understanding, there arises a hiatus ('the short interval between the two prefaces'), which also marks the temporal gap between 'before March 1938' and 'June 1938' ('Moses and Monotheism', 298).

The description of trauma which Freud outlines above indicates that the period of temporal delay is concluded by the insistent and repetitive return of the event in the form of psychical and motor symptoms. This repetitive or compulsive behaviour seems to me to be marked in Freud's text by the 'Summary and Recapitulation' with which he interrupts the third section of the work. This brief passage in the text is a repetition of the content of the first two prefaces to the third section, and is itself a preface to the repetition ('recapitulation') of the material on Moses which Freud has already expounded at length. This appears to be strangely compulsive behaviour. Freud himself seems struck by the incongruity of his writing at this point and is quick to offer apology and explanation to the reader:

The part of this study which follows cannot be given to the public without extensive explanations and apologies. For it is nothing other than a faithful (and often word-for-word) repetition of the first part [of the third Essay], abbreviated in some of its critical inquiries and augmented by additions relating to the problem of how the special character of the Jewish people arose. I am aware that a method of exposition such as this is no less inexpedient than it is inartistic. I myself deplore it unreservedly. Why have I not avoided it? The answer to that is not hard for me to find, but it is not easy to confess. I found myself unable to wipe out the traces of the history of the work's origin, which was in any case unusual. ('Moses and Monotheism', 349)

What is this apology if not an admission of traumatic symptomatology? Although 'inartistic', the passage cannot be 'avoided' by Freud: its repetitions are compulsive and find their root precisely in 'the traces of the history of the work's origin'. Again trauma problematizes the notion of historical process: the event that is at the origin of the work - the gradual invasion of the Austrian culture and territory by Nazism - cannot be relegated to the past in any straightforward manner: its 'traces' remain tangibly in the

present and are impossible to 'wipe out' even for Freud, the founder of psychoanalytical treatment.

A keynote of the text of 'Moses and Monotheism', which is not mentioned by Caruth, but which seems to me to be extremely important to any analysis of the work, is the refrain of apology that recurs throughout. In the passage quoted above, from the 'Summary and Recapitulation', Freud does not find it 'easy to confess' that he himself may be subject to the 'traumatic neurosis' which he helped to discover. The repetitions into which this leads him are clearly unacceptable to him, although he is seemingly unable to excise them from the text:

There are things which should be said more than once and which cannot be said often enough. But the reader must decide of his own free will whether to linger over the subject or to come back to it. He must not be surreptitiously led into having the same thing put before him twice in one book. It is a piece of clumsiness for which the author must take the blame. Unluckily an author's creative power does not always obey his will: the work proceeds as it can, and often presents itself to the author as something independent or even alien. ('Moses and Monotheism', 350)

Here, the indication is that what is disturbing Freud is the compulsive behaviour of his material, which, like hysterical symptomatology, 'presents itself' to the individual 'as something independent and even alien' to the will. Elsewhere in the work, however, Freud is concerned that the text is not grounded in a proper scientific basis. It seems in places as if, with the collapse of the psychoanalytic movement in Vienna, Freud's rigorous methodology, which arose with the founding of psychoanalysis in 1896, has slipped away from him. He acknowledges that the structure of his argument has its 'weak spots' ('Moses and Monotheism', 281), and elaborates further in a footnote to the text:

I am very well aware that in dealing so autocratically and arbitrarily with Biblical tradition - bringing it up to confirm my views when it suits me and unhesitatingly rejecting it when it contradicts me - I am exposing myself to serious methodological criticism and weakening the convincing force of my arguments. But this is the only way in which one can treat material of which one knows definitely that its trustworthiness has been severely impaired by the distorting influence of tendentious purposes. It is to be hoped that I shall find some degree of justification later on, when I come upon the track of these secret motives. Certainty is in any case unattainable

and moreover it may be said that every other writer on the subject has adopted the same procedure. ('Moses and Monotheism', 265)

Aware that he is not adhering to any rigorous scientific procedure ('I am exposing myself to serious methodological criticism'), Freud objects defensively that the material on which he is working is 'untrustworthy', and that he is therefore following the standard practices for that particular field of inquiry ('every other writer on the subject has adopted the same procedure'). It is interesting that it is precisely in this text, which combines historical fact with fictional interpretation, and allows itself to creatively challenge notions of narrative, memory and history, that Freud so clearly feels uneasy with his writing.

In a fascinating essay, entitled 'Dance and the History of Hysteria', Peggy Phelan observes the paradoxical attitude that Freud held in relation to 'Moses and Monotheism', writing that it is 'a text that Freud cannot quite believe, and yet cannot quite leave off'.³ Phelan closes her essay with reference to the second prefatory note to the third section of 'Moses and Monotheism', in which Freud is once more plunged into uncertainty and apology about the text that he writes. Here, however, he introduces an interesting metaphor to express his doubts: 'To my critical sense this book, which takes its start from the man Moses, appears like a dancer balancing on the tip of one toe' ('Moses and Monotheism', 299). Again, the problem is that Freud is forced to suspend his rigorous methodology (his 'critical sense') for a far more creative process. The unease that he feels in this situation is expressed through the metaphor of precarious balance - the book must maintain its weight and stature 'on the tip of one toe'. What is of primary interest, however, is the figure which has unexpectedly appeared in the midst of Freud's text, and, in a reversal of the figure, has seemingly caught him off balance. The metaphor thus introduces a body, which is dancing. Unfortunately the body is not explicitly gendered by Freud, nor is it certain whether the body is in motion (performing a pirouette while it balances), or whether it is held in a static pose in the midst of a dance. Two facts are

³Peggy Phelan, 'Dance and the History of Hysteria', *Corporealities: Dancing Knowledge, Culture and Power*, ed. Susan Leigh Foster, (London & New York: Routledge, 1996), 90-103, (p. 101). Further references to this essay are given after quotations in the text.

evident, however: the body is succeeding in holding its balanced posture, and it is therefore a highly skilled body which is envisioned. It is precisely this image of a skilled, dancing body which, as I shall demonstrate, continues to pose a challenge to contemporary trauma theory.

Phelan is explicit in her essay about the importance of the figure of the dancing body in Freud's text. She returns to the site of Freud's earliest published text on trauma, the 1895 Studies on Hysteria, in which he collaborated with Josef Breuer. Reading the case studies contained in this volume, through the symptomatic bodies of the women that are so carefully inscribed, Phelan notes a strange choreography in operation. She observes that the cramps and paralyses, the contractions and the dragging feet lend to the Studies on Hysteria a 'strange rhythm and a rocky gait' ('Dance and the History of Hysteria', 90). She notes particularly the case of Anna O., who was treated by Josef Breuer, and whose tussis nervosa (nervous cough) originated when she heard the sound of dance music coming from a neighbouring house. Anna O.'s story is an exemplary case study of hysteria. Nursing her father through severe illness, Anna O. first develops the somatic symptom of paralysis. Phelan interprets this as an attempt to substitute her own, youthful body for her father's dying body - as if by holding herself as still as possible, Anna O. could will her father into activity once more. A conflict arises, however, as strains of dance music reach Anna O., where she nurses her father, and she wishes she could participate in the activity. Her foot starts tapping involuntarily. A part of her moves in time with the rhythm of the music. It is at this point that the second somatic symptom arises - she stills the movement of her foot and instead reacts throughout her illness to the sound of markedly rhythmical music by a nervous cough. In his case notes, Breuer concludes by noting the conflict of duty ('her twinges of conscience') and her bodily desires ('motor impulses') that gives rise to Anna O.'s symptoms:

The patient could not understand how it was that dance music made her cough; such a construction is too meaningless to have been deliberate. (It seemed very likely to me, incidentally, that each of her twinges of conscience brought on one of her regular spasms of the glottis and that the motor impulses which she felt - for she was very fond of dancing - transformed the spasm into a tussis nervosa). (Studies on Hysteria, 98-99)

The importance for my analysis lies in the sequences of temporality that are involved in the case history of Anna O. Her father's illness is one which leaves him struggling to breathe. Anna O.'s paralysis (her body stilling its activity or 'holding its breath') represents her attempt to substitute her body for her father's and so give him more time. The somatic symptom arises as an attempt to delay temporality or hold off the event of her father's death. The intervention of the dance music operates against this counter-rhythm, and contrary to her own will, Anna O.'s body taps the rhythm or joins in with the movement of temporality. The symptom of the cough represents the attempt to return to a counter-time - the body still joins in with the music (the cough is stimulated only by a marked rhythm) but it is no longer 'in time' with the tune. In the words of Peggy Phelan: 'By coughing instead of dancing, Anna O. changes the music's beat within her body. Her timing, one could say, is off' ('Dance and the History of Hysteria', 93).

This topic of temporality combines with a further theme in the case histories contained in Studies on Hysteria. This is the point which has been noted previously that in Freud's earliest work, the body insists on being heard. It is only with the founding of psychoanalysis in 1896 that Freud begins to silence the body and to focus exclusively on linguistic concerns (the 'talking cure'). The symptom of the cough itself is vital in this respect - in coughing, air is expelled abruptly and explosively through partially-closed vocal chords. This gives two indications of the nature of the body's articulations - firstly, that it resembles but significantly differs from the productions of speech, for the vocal chords are only partially in use; and relatedly, that it does not produce the narrative in time that is the linguistic phenomenon - it speaks its own off-beat rhythm or counter-time. The final point that I wish to note here about the hysterical symptom is that it articulates on the level of the organism as a whole - it arises out of the conflict of the desire of the will to paralyse or delay temporality and the desire of the body to participate in the rhythm or movement of time. It expresses perfectly the conflict of the two in its partially vocal, partially somatic acoustics; and in its paradoxical, reluctant participation.

Hysterical symptomatology thus arises as that which is temporally off-beat; it operates according to its own rhythms and is independent of the regular flow of time. This clearly connects to Freud's definition of trauma in 'Moses and Monotheism', in which the site of trauma was similarly marked by a temporal delay - the man walked away from the railway collision apparently unharmed and it was only after an interval of several weeks that symptoms began to become apparent. Even more revealingly, the temporal hiatus of a few months between March and June 1938, which is the site of Freud's own traumatic departure from Vienna, is not susceptible to narrative interpretation: the interval is left as a break in the text between the two prefatory notes. The traumatic event cannot be linguistically formulated, for it does not accord with the conventions of narrative or temporal flow; instead its 'traces' intrude into the text in a compulsively repetitive manner.

It has been demonstrated in relation to Janet that the intrusive and repetitive forms of hysterical symptomatology must be spoken, or organized in a narrative account of the event. This of necessity involves introducing an element of flexibility into the fixed temporality of the traumatic symptom. Where trauma repeats compulsively, in narrative, details can be re-ordered and time lengthened or shortened depending on the emphasis desired. This is because the event has been understood and experienced by the individual and assimilated into consciousness. Returning to the case study of Anna O., this unhinged temporality of trauma is dramatically demonstrated. Anna O. thus relives the time surrounding the traumatic event of her father's illness with such intensity that there is literally a temporal delay of one year - she lives the daily routine of the winter of 1880-1881, although it is now the winter of 1881-1882 - and her reliving compulsively repeats the exact events of the previous year, without allowing for any variation in sequence or duration:

A year had now passed since she had been separated from her father and had taken to her bed, and from this time on her condition became clearer and was systematized in a very peculiar manner... [N]ow... she lived, like the rest of us, in the winter of 1881-1882, whereas [under daily hypnosis...] she lived in the winter of 1880-1881... She was carried back to the previous year with such intensity that in the

new house she hallucinated her old room, so when she wanted to go to the door she knocked up against the stove which stood in the same relation to the window as the door did in the old room... But this transfer into the past did not take place in a general or indefinite manner; she lived through the previous winter day by day. I should have only been able to suspect that this was happening, had it not been that every evening during the hypnosis she talked through whatever it was that had excited her on the same day in 1881, and had it not been that a private diary kept by her mother in 1881 confirmed beyond a doubt the occurrence of the underlying events. This re-living of the past year continued till the illness came to its final close in June 1882. (Studies on Hysteria, 86-87)

In the text of 'Moses and Monotheism', this enactment of compulsive repetition is momentarily broken by the dancing figure, who balances on one toe. Phelan suggests that this metaphorical figure also carries a more practical application. She indicates that dance is the body's performance of movement in time and space. The symptoms of the hysteric, and in this case of Anna O. specifically, demonstrate clearly that the body in motion does not of itself necessarily conform to the outward restrictions of temporality and spatiality. Anna O.'s movements are temporally of the previous winter and are spatially performed in the co-ordinates of her 'old room'. By consciously exploring and performing the body's own spatial and temporal dimensions, dance performance helps to anchor the body in these dimensions. In many cultures, dance adopts narrative forms for its temporal organization. However, even without narrative, dance organizes its movement across time. The project of dance is therefore very much implicated in the project of psychoanalysis. Phelan writes of the two performance modes:

It is in this theory of the body's time that dance and psychoanalysis meet. If the body is not, a priori, in time, then dance can be said to be the elaboration of possible temporalities for the body that are interpreted in movement; and psychoanalysis can be said to be the elaboration of possible narrative interpretations of the body's symptom...

Psychoanalysis is the performance in which the doctor and the patient create an interpretation of a symptom that gives the body temporal coherence. ('Dance and the History of Hysteria', 92)

Faced with the off-beat timing of the hysterical symptom, Phelan suggests that psychoanalysis can benefit from working alongside dance and movement performance, for both are concerned with re-orienting the body in the temporal structures that it has lost in the traumatic event. Her essay suggests that in his earliest works, Freud

succeeded in listening to and recording the body's rhythms and flows. Indeed, the text of Studies on Hysteria closes with a sequel to Freud's treatment of Elisabeth von R, which remarkably locates her on the dance floor:

In the spring of 1894 I heard that she [Elisabeth von R] was going to a private ball for which I was able to get an invitation, and I did not allow the opportunity to escape me of seeing my former patient whirl past in a lively dance. Since then, by her own inclination, she has married someone unknown to me. (Studies on Hysteria, 230; quoted in 'Dance and the History of Hysteria', 100)

The cure for the 'former patient' is clearly to regain those temporal and spatial rhythms that are so notably absent from the hysterical symptom and to rejoin the dance once more. Phelan eloquently observes: 'Psychic health is in part contingent upon the body finding its rhythm in words and time. Choreography and psychoanalysis would do well to join in a conversation about the body's time' ('Dance and the History of Hysteria', 100). The problem, of course, is that while Freud in 1894 was open to this 'conversation' between dance and psychoanalysis, by 1896 he was already silencing one half of the dialogue. It is only in the most contemporary treatments of trauma that 'choreography' is re-surfacing, in the form of Dance Movement Therapy. It is fascinating to observe, however, that in the text of 'Moses and Monotheism', where Freud seems so overwhelmed by his own material, the dancing figure re-emerges, as if to insist on its own re-appearance.

An alternative staging of the themes of trauma, disappearance and repetition is provided by Heidi Gilpin in her essay on Tadeusz Kantor (1915-1990), a contemporary Polish choreographer whose compulsively repetitive performances arguably originate in the traumas of twentieth-century Europe, most specifically the Holocaust.⁴ If dance is considered as performance, it may also be theorized as a form of disappearance; accordingly, Gilpin argues that the fascination of movement arises from the fact that it has vanished in the very moment that it has been apprehended. Even so-called repetitive movement is never really the same, but merely displaces the previous movement (Gilpin,

⁴Heidi Gilpin, 'Lifelessness in Movement, or How Do the Dead Move? Tracing Displacement and Disappearance for Movement Performance', Corporealities: Dancing Knowledge, Culture and Power, ed. Susan Leigh Foster, (London & New York: Routledge, 1996), 106-128. Further references to this article are given after quotations in the text.

108). As a strategy, however, repetitive movement serves the impossible function of attempting to stop disappearance. Repetition gives the illusion of control, at the same time as it calls attention to the fact of disappearance by manifesting once more what was previously present. It thus simultaneously prevents and perpetuates the anxiety of disappearance.

Gilpin's analysis of disappearance is rooted in Freud's observation of the fort-da game, his analysis of the processes of repetition linked to trauma. The game was noted by Freud in his observations of his grandson Ernst, who embarked on the curious activity when his mother disappeared from view. Familiarly the trauma is one of departure, this time of the mother's presence. Faced with the trauma of absence, the little boy threw out a reel attached to a piece of string, so that it was no longer within his viewing range, and then retrieved it by pulling on the string. This activity was accompanied by the sounds 'fort' ('gone') and 'da' ('there'), and was performed in a repetitive manner. Freud interpreted this as an attempt by Ernst to gain control over a situation of perceived abandonment, in which he felt helpless - the reel substituted for his mother whose movements he could now control with ease. However, the paradoxical nature of repetitive activity is not ignored by Freud - the game may give the illusion of control, but simultaneously each disappearance and reappearance of the reel are a reminder of the original object (the mother) who has departed and not returned.

If the previous examples of repetition in this section have been largely connected to the problem of temporality, and the disruption by trauma of the body's rhythms and flows in time, the fort-da game focuses more particularly on the body's relation to space. The body movement of Ernst is choreographed to take control of the spatiality which has suddenly become so threatening to him, and Freud's description of the scene accordingly gives the precise spatial co-ordinates of its staging. But it is significant that underlying this description is another dancing body that waits to re-surface in the text of this thesis. This body is that of Irigaray's little girl, who is also faced with the departure of her mother. However, her relation to the spatiality that surrounds her, as envisioned by Irigaray, is entirely different from that of Ernst:

She dances and thus forms a vital subjective space open to the cosmic maternal world, to the gods, to the present other. This dance is also a way for the girl to create a territory of her own in relation to the mother....

Furthermore, the sexual movement characteristic of the female is whirling round rather than throwing and pulling objects back as little Ernst does. The girl tries to reproduce around and within her an energetic circular movement that protects her from abandonment, attack, depression, loss of self. Spinning round is also, but in my opinion secondarily, a way of attracting. The girl describes a circle, while soliciting and refusing access to her territory. She is making a game of this territory she has described with her body. There is no object here, in the strict meaning of the word, no other that has had to be introjected or incorporated. On the contrary, girls and women often set up a defensive territory that can then become creative, especially in analysis. ('Gesture in Psychoanalysis', 97-98)

The dancing figure again enters the text surreptitiously. Faced with the traumatic absence of her mother, the little girl spins around, creating her own territory. Again certain assumptions can be made about the movement that is being performed. Most importantly, perhaps, it is the whole body that is in motion, in an energetic whirling movement; in contrast Ernst sits stationary and moves only his arm and hand. Secondly, the circling activity that is engaged in requires some degree of skill - it can only be performed over a duration of time if the head is kept as steady as possible, and turned in a different rhythm to the rest of the body. Like Freud's dancer in 'Moses and Monotheism', a delicate balancing act is required.

In conclusion to this section, I would like to indicate another consequence of Freud's rejection of the body's choreography from his analytic work after the founding of psychoanalysis in 1896. I have already examined the performance and staging of the analytic session from the point of view of its origins in hypnosis. However, another important point can be made about the technique of the couch, which is practised almost universally by Freudian analysts. Irigaray is concerned throughout her writing with exactly what happens to the body during the analytic session, and she is perturbed by the prevalence of the sense of hearing at the cost of all the other senses. In the 'talking cure', the sounds of speech are almost all that is heeded and those sensations and perceptions that are needed for the subject to come into existence are ignored. Even more importantly for my argument, even hearing is not utilized in all its dimensions:

There is another point to consider: hearing is also necessary for balance. When patients are lying down, they feel no occasion to worry about this: hence they are in some danger of losing the bearings they need for balance. This can lead a patient to take off from reality, to construct an artificial reality, to relapse into theoretical delusions, etc.... The patient is induced to lose his roots, his balance, and something of his hearing.⁵

Irigaray's claim that the territory described by the little girl's spinning can be highly creative in analysis must therefore be heavily qualified. In Freudian psychoanalysis, which excludes the body as much as possible from its sessions, there can be no place for the rhythms that this body produces. By implication, Freud has rejected not only the dancing body that was present in his earliest work and that provided such a useful model by which trauma could be explored and analysed, but he has also excluded a specifically female mode of creativity and experience. The rest of this chapter will be devoted to examining those modes of analysis which are still in dialogue with the techniques of choreography and the issues of trauma and gender that they are able to highlight and explore.

CHOREOGRAPHING PSYCHOANALYSIS: DANCE MOVEMENT THERAPY

The model of psychoanalysis that has been inherited from Freud is one from which bodily movements and gestures have been specifically excluded. Irigaray points out that in the psychoanalytic session today, the issue of physical activity comes up only as a marginal concern: it may be incorporated into the treatment of patients who present a particular difficulty or resistance to the exclusively linguistic emphasis of analysis (such as children or psychotics); otherwise it is only utilized extensively in those methods of therapy that have moved away from the traditional modes of psychoanalysis ('Gesture in Psychoanalysis', 91). Since the 1940's, however, there has been a steady growth in awareness of the importance of the need to integrate in treatment both mind and body, and to focus on physical activity and modes of expression in conjunction with linguistic and verbal articulation. A survey of this growing enthusiasm for somatic expression in the therapeutic context will follow in the second half of this section. At this point I wish

⁵Luce Irigaray, 'Flesh Colors', Sexes and Genealogies, trans. Gillian C. Gill, (New York: Columbia University Press, 1993), 151-166, (p. 154).

to note, however, the leading rôle that the treatment of trauma has played in these developments. The problems and issues that are specific to trauma are particularly susceptible to treatment by physical movement - the spatial and temporal dislocation that have been identified as characteristic of the traumatic neurosis benefit particularly from the co-ordination required in movement and dance exercises.

Trauma therapy plays a vital and pioneering rôle in contemporary analytic treatment. In 1894, Freud was similarly at the forefront of the treatment of traumatic neuroses, working alongside and in awareness of the most eminent clinicians of his day - Jean Martin Charcot, Pierre Janet and William James. In dialogue with the body and observing and noting carefully its choreographies, Freud uncovered the widespread incidence of childhood sexual abuse. It was this that led him to turn his back on his early researches and to found the psychoanalytic movement in 1896, based on the premature development of sexuality in the child (the Oedipal complex), which then lies latent until the body reaches sexual maturity. Any disturbing memories or emotions that arise in adolescence can subsequently be disregarded as the resurfacing of these premature sensations of early infancy. In a fitting reversal, it was the rise of the women's movement in the 1960's and the resulting awareness of feminist issues and concerns, that led to a revived focus on the prevalence of childhood sexual abuse. More credibility was awarded in analysis to those patients who were able to formulate a narrative of the event; previously, such cases had often been dismissed as manifestations of a latent Oedipal complex. Over time, it was noted that these groups of patients displayed a specific set of physical symptoms, which led to the widespread acceptance that trauma affected every aspect of a person's being, and invaded both physical and emotional boundaries. From here, it was a relatively small step to the realization that treatment for these patients should incorporate an awareness of bodily modes of expression and articulation, in addition to the verbal.

From the late 1960's there was thus a focused attempt on the part of clinicians to operate in dialogue with the body: by observing the range and choreography of the bodily movements and gestures that these patients manifested, it was hoped that a

symptomatic profile of the survivor of sexual abuse could be compiled. This project has taken on a particular urgency in the light of recent problems surrounding children's and survivors' evidence in legal proceedings. Although therapy cannot be used to gain disclosure information, which may subsequently act as evidence in court, there has been increasing clinical interest in locating behavioural symptoms which may support or refute other indications that abuse has occurred.⁶ Three characteristic movement profiles have been recognized as specific to the abused child.⁷ Firstly, there is a tendency to disconnect movement from the torso, or centre of the body. This is accompanied by slow, listless activity and a minimum of initiation in the chest or pelvic area. In this example, then, movement is reduced to a minimum and is kept away from those areas of the body which function to co-ordinate a large or decisive action. In the second characteristic pattern, movement does originate in the torso, but it is awkward, and consequently the accompanying movements of the limbs display a fragmented and stiff quality. The overall impression is of a lack of integration of the body, and a feeling of being 'all over the place' (Stanton-Jones, 238). These two movement profiles therefore demonstrate an inability to function with the specific area of the body (the torso), in which the sensation of abuse was centred. This is especially clear in the case cited by dance-movement therapists Joan Lavender and Wendy Sobelman:

Another patient, with a history of physical abuse, had difficulty initiating movement from any part of her body other than hands or feet. When asked by the therapist to create 'movement that starts from the centre of your body', she became upset and said she could sense only a 'gaping hole' in the center of her body. Numbness is a somatic form of denial. This individual, in order not to feel the pain of her abuse, had blocked out all sensations in the center of her torso.⁸

⁶This observation is indebted to Kristina Stanton-Jones, *An Introduction to Dance-Movement Therapy in Psychiatry*, (New York and London: Routledge, 1992), 237. Further references to this book are given after quotations in the text. The approach to child sexual abuse and the law which is articulated by Stanton-Jones reflects the findings of the Butler-Sloss Report on the Cleveland Crisis (see Chapter One). As in the instance of the 'anal dilatation reflex', physical signs of abuse are regarded as indicators that an event may have occurred, in conjunction with a broad range of other factors - they are not awarded the status of legal evidence.

⁷ These categories are based on the work of the dance movement therapist Marcia Weltman, in her work with abused children at the Neuropsychiatric Institute of California. Her findings have been published in Marcia Weltman, 'Movement Therapy with Children who Have Been Sexually Abused', *American Journal of Dance Therapy*, 9 (1986), 47-66.

⁸ Joan Lavender and Wendy Sobelman, ' "I Can't Have Me if I Don't Have You": Working with the Borderline Personality,' *Dance and Other Expressive Art Therapies: When Words are not Enough*, ed.

This form of physical symptom originates in the experience of the abuse itself: during a sexual (or other) trauma, dissociation serves as an adaptive survival strategy. While the body is being violated, the survivor seeks to preserve the integrity of her personality by 'splitting off' from her body. When the traumatic event is over, the defence often persists, resulting in the physical symptom of deadness or numbness of the body, or of feeling 'spaced out'. It can clearly be seen, here, how vitally important it is that physical activity is incorporated into the analytic session: traditional psychoanalysis, by excluding the issue of bodily sensation from the treatment session, would merely re-inforce the symptoms that are presented.

The third movement profile that has been connected with sexual-abuse survivors originates in a different aspect of the traumatic neurosis. In this instance, movement behaviour is focused on the centre of the body, particularly on the genital area, either in inappropriate self-stimulatory or sexual activity, or in seductive gestures. In female survivors, this is typically accompanied by a body posture which is characterized by a slight pelvic tilt, with the chest pushed forward (Stanton-Jones, 238). This behaviour exactly opposes that of the former two categories and appears to correlate with a way of dealing with trauma which repeats the sensation of abuse. The complexity of response to the traumatic event incorporates both dissociation or denial, and intrusive symptoms which repeat the original experience on a physical or psychological level. Clinicians seeking to comprehend the confusing array of symptoms presented by survivors of abuse were aided by the increasing awareness and understanding of 'post-traumatic stress disorder' which was occurring in other areas. The inclusion of PTSD in DSM-III gave a much more prominent position to traumatic neuroses than they had previously been awarded and highlighted the range of responses to severe trauma. The characteristic symptoms included both dissociative disorders, such as inability to recall specific time periods and important events, avoidance of stimuli associated with the event, or a numbing of general responsiveness; and intrusive symptoms, such as repeated re-

experiencing of the traumatic event, or a state of increased arousal. Combining these new and increasingly complex sources of information about the variety of response to trauma, with their own observations of physical symptomatology in survivors of sexual abuse, clinicians arrived at an advanced understanding of the nature of the traumatic neuroses.

It became especially evident that trauma altered not only the emotions but also the relationship to the body. The flow of bodily movement was restricted and physical sensation numbed; and body boundaries were particularly ill-defined. It was found that survivors of sexual trauma could either be overly intrusive with others, lacking any sense of their personal boundaries; or very distant, not easily allowing another person into their own personal space (Stanton-Jones, 239).⁹ Therapy for survivor groups therefore aimed to address these problems on the physical level. Through movement, patients were helped to recognize and change the ways in which they used, abused or inhibited their bodies. The interaction of psyche and body was encouraged, and the exploration of dance elements - rhythm, space, dynamics and body movement - was increasingly regarded as of key importance to trauma resolution, in which all of these categories were affected.

In an essay entitled 'Dancing beyond Trauma: Women Survivors of Sexual Abuse', Bonnie Bernstein (a dance therapist based in California, who specializes in working in conjunction with Rape Crisis Centres) outlines the basic principles of her therapeutic practice, and provides a useful introduction to the ways in which dance and movement are seen to facilitate recovery from trauma.¹⁰ It is surely no co-incidence that the first principle she outlines is the fundamental importance of regarding and treating the organism as a whole, thus distinguishing her practice from traditional psychoanalytical concepts:

⁹ These observations are based on the research findings of Sharon Goodill, who worked with abused children at the Hahnemann University in Philadelphia. Her findings are published in Sharon Goodill, 'Dance/Movement Therapy with Abused Children', *Arts in Psychotherapy*, 14 (1987), 49-68.

¹⁰ Bonnie Bernstein, 'Dancing beyond Trauma: Women Survivors of Sexual Abuse', *Dance and Other Expressive Art Therapies: When Words are Not Enough*, eds. Fran Levy, Judith Pines Fried and Fern Leventhal, (New York and London: Routledge, 1995), 41-58. Further references to this article are given after quotations in the text.

Psycho-physical refers to an experience that occurs concurrently on psychological and physical levels and describes the complex impact that the body has on the psyche, and that the psyche has on the body. A fundamental concept..., psycho-physical implies that all human experience including emotional response, memory, and thoughts contain kinesthetic components. Body movement is a direct outlet for the psyche, thus, through dance, the psycho-physical realm can be fully expressed and explored to stimulate insight and mobilize therapeutic change. (Bernstein, 42)

The basis of dance-movement therapy is the belief that body and psyche act as a complex whole; and that in treating the body, change is also effected on the level of the psyche. By stimulating body awareness and increasing movement vocabulary, Bernstein also aims to facilitate psychological insight and emotional expression.

Bernstein terms as 'mobilization' the sequences of directives that are given to help to expand movement range and to explore the elements of dance. It is fascinating to examine the specific body parts and qualities of movement that Bernstein uses as her focus in the exercises that she adopts as 'warm-up' to the session. The initial emphasis is on body structure, and particularly exploring the range of movement of the spine (ie, the torso). Bernstein elaborates on the specific methods she uses to 'mobilize' the group:

I then directed the group to explore a new range of movement facilitated by the terms bend, reach, wiggle and dart. In addition, qualities such as wild, explosive, gentle, rigid, and strong were also suggested. Such movement challenges increase body awareness, enliven numbed areas, and help the survivor experience her physical boundaries.

To enhance boundary definition I introduced Functional Technique sequences that focused on exercise to strengthen the spine and torso: undulations of the spine that articulated movements of individual vertebrae, rotations of the spine through different planes, and unified spinal action with the limbs. We then broadened the exercises to the alignment of the head, neck, shoulder, and torso. (Bernstein, 49-50)

It is immediately evident that the directives given by Bernstein focus on the dissociative symptoms manifested on the body of the survivor. Sensation in the torso is emphasized, as is its alignment in function with the limbs. Physical boundaries are also strengthened, so that spatial awareness is enhanced. It is worth noting at this point that the therapeutic emphasis is not on any specific content or memory, but aims at altering habitual and constricted movement patterns. The underlying assumption is that a change in movement will bring about a change in emotion. In stretching the muscles of the

arms, torso and legs, body strength is increased, which reshapes the perception of the body through movement and leads to sensations of power and control. Similarly, the survivor learns that control derives not from withholding movement and sensation (the techniques of dissociation), but from an awareness of which parts of the body to move and how movement is performed. In both cases, the immediate aim is to restore those positive feelings towards the body which were lost at the time of the abuse.

Other directives outlined by Bernstein are aimed specifically at the spatial and temporal dislocation which characterizes the traumatic neurosis. Thus she encourages exploration with movement dynamics - leaping, sliding, lunging, exploding - which provide the survivor with new ways of occupying space. Alternatively, a directive aimed at expanding the use of dance elements can become a focus for strengthening temporal awareness - Bernstein's example is of a gradual variation in the tempo of movements performed, from the very fast to the very slow (Bernstein, 43). Whatever the specific focus of the individual directive, the assumption which underlies all of Bernstein's 'mobilizations' does not vary: each of the activities is rooted in the belief that the body is essential to psycho-physical health; and that through stimulating physical activity, psychological change can also be effected.

The assumption of the dance therapist is always that treatment operates on the psycho-physical level; that through the treatment of the body, there is a simultaneous change in psychological functioning. However, the connection between body and psyche is never assumed to be straightforward. There is no direct mode of access between bodily movement and the functions of memory. Thus the physical 'acting out' or re-living of the traumatic event is not a goal of the therapeutic process. This would be to consolidate the symptom rather than to facilitate a cure. Instead the focus is on expanding movement patterns and exploring movement potential, as a means of mobilizing individuals to overcome the fear and isolation that results from the traumatic incident. In Bernstein's account of the dance therapy session, 'acting out' (or giving physical form to psychological experiences) is referred to as 'improvisation'. However the emphasis is not on the direct re-experiencing or re-living of the traumatic event, but

on changing it or introducing variety into the patient's account. Looking back at the analogy of Anna O., the compulsive re-living of the event demonstrates an 'off-beat' timing; the therapist's aim is to re-introduce the survivor to the more variable rhythms and flows that characterize the narrative account. Bernstein thus cites four examples of improvisation technique that can be utilized in the therapeutic session; the aim of each is to introduce flexibility into the patient's account of the trauma:

Four examples of improvisation techniques... are 'externalizing', 'enacting', 'physicalizing', and 'rehearsing'. In externalizing the client might 'dance out' a dream, fantasy, or physical memory. In enacting, the client recreates a significant life experience, perhaps her assault, and while dancing, she may embellish the life enactment with movement derived from previously unexpressed feelings. Physicalizing involves putting into movement an idea, a memory, or a feeling that has been previously stored in a cognitive realm. Rehearsing involves an improvisation in which alternative responses are created and practiced in order to prepare for changes in behavior outside of the therapy session. (Bernstein, 43)

'Externalizing' is the closest directive to straightforward re-experiencing of the traumatic event; the 'physical memory' is 'danced out' as if it were being relived. However, it is important to note that the client is encouraged to incorporate 'fantasy' or 'dream' material, in order to introduce new perspectives. Similarly in 'enacting', the 'dancing out' of the event incorporates the expression of feelings which could not be articulated or even experienced during the originating incident. 'Physicalizing' involves putting into movement what previously existed only on the cognitive level; namely, those feelings, memories or ideas that pre- or post-date the traumatic incident, which is characterized precisely by its incapacity to be registered or stored on the cognitive level. Finally, in 'rehearsing', the emphasis is on looking forward not back; a variety of responses are created and practised to an actual situation or event which will occur in the future outside the context of the therapy session. Again the aim is to demonstrate the flexible nature of the event itself, so that the outcome is not determined in advance but depends on the actions and responses of the individual.

The reason that the emphasis in dance therapy is so strongly weighted towards introducing variety and flexibility into the survivor's memory of the traumatic incident is because the physical movement enacted is regarded as an intermediate step towards the

production of a verbal narrative. Thus the dance therapist does not only utilize the resources of movement and physical activity, but also continually encourages the client to connect verbal insight with the movement experience produced. This may take the form of free association by the client; or it may be an interpretation of the ongoing movement. The therapist may ask questions about the quality of the action performed, or encourage an image to be put to the movement. The resulting images and interpretations provide a focus for discussion between therapist and client, and the client becomes aware of how emotional and bodily experience are connected; how movement can yield images, which are then analysed as a means to psychological understanding. The process of dance and movement therapy is thus invariably one which progresses from movement to image to interpretation (Stanton-Jones, 1-3).

It is precisely this verbal aspect of dance therapy which distinguishes it from pure dance, and aligns it with other forms of psychotherapeutically informed work. Martha Graham, one of the foremost founders of contemporary modern dance, provided her definition of what should constitute dance:

It is not important that you know what a dance means. It is only important that you should be stirred. If you can write the story of your dance, it is a literary thing, but not dancing.¹¹

Although aimed at the narrative traditions of classical ballet, against which Graham was defining her own modes of performance, this quotation proves particularly apt in the context of my argument. The primary goal of dance therapy is not to produce a dance, but to provide the 'story of your dance'. The elements of dance are employed - the exploration of space, tempo, rhythm, co-ordination - as a means of approach to narrative. It is when the temporal and locational shifts, and the varying perspectives of the 'story' or narrative can be produced in relation to the traumatic event, that the therapeutic goal has been achieved. In this sense, dance therapy would not be classified as 'dancing', but as more of a 'literary thing'.

¹¹ Quoted in Elizabeth Rosen, Dance in Psychotherapy, 2nd ed., (New York: Dance Horizons: 1974), 49. Attributed in Rosen to a statement made in 1934, and quoted by Merle Armitage in Martha Graham, (U.S.A: copyright 1937), limited first edition.

Now that I have provided some indication of the ways in which dance and movement are used in the therapeutic session, and incorporated into the analytical framework, I would like to provide a brief survey of the history of Dance Movement Therapy, and to examine the influences and origins of the movement. At the risk of using too simplistic a literary formula of history, narrative and events, I feel that this survey is essential to the argument of my thesis. It demonstrates clearly that if movement and dance were excluded from the therapeutic session by Freud's founding of psychoanalysis in 1896, it is by aligning themselves with the alternative tradition of the 'body image' - which originated in Janet's work and was expanded by Schilder - that dance and movement once more find a place within analysis. Stanton-Jones, in her account of the origins of Dance Movement Therapy in psychiatry, clearly locates its beginnings in the researches carried out in the second half of the nineteenth century, into the symptomatology arising out of hysteria and related conditions:

Eugen Bleuler in Switzerland, Jean-Martin Charcot in France and Henry Maudsley in England meticulously observed their patients' bizarre movements, fits, stereotypies [*sic.*] and gestures. They did this in the hope that they could turn these phenomena into clear diagnostic criteria that could help predict the course of the disease 'dementia praecox', now known as schizophrenia. They would then be able to differentiate it from categories such as 'mania', 'melancholia' (now known as depression) and hysteria. (Stanton-Jones, 13)

Freud and Janet are the inheritors of this methodology, which focuses on the physical expression and manifestation of emotion. Initially, both displayed the same concern to observe and record the bodily movements and gestures of their patients, to listen to their off-beat rhythms. However, Freud suppressed this aspect of his practice in 1896, with the founding of psychoanalysis, and Janet's subsequent work was almost entirely eclipsed by the new ideas and methods arising out of the psychoanalytical circles in Vienna.

It was not until the 1940's that dance and movement once more began to be considered as a valid form of treatment for those with primarily psychological problems. It was first introduced in the treatment of psychotic patients, who were out of contact with reality and in a state of catatonic withdrawal. The aim was to encourage social participation and responsiveness to movement. In terms of physical symptomatology,

the emotional disturbance of these patients manifested itself in the persistent hypertonus of their muscular structures.¹² This is characterized by two distinctive patterns of movement behaviour: in the hyperactive patient there is excessive activity and restlessness, ticks and a variety of involuntary grimaces; while in the catatonic patient, static rigidity of the body, inflexibility of joint action and postural distortions are equally common reactions. The physical effects of continued hypertonus result in exhaustion. Treatment therefore aimed on the physical level to restore to these patients the normal, rhythmic functioning of the body, which is based on an alternation between relaxation and contraction. Techniques such as hydrotherapy, massage, and drug sedation helped to relieve the physical symptoms of tension and to bring about relaxation. Dance techniques were also incorporated, which utilized simple, loose-swinging locomotor movements; and normal reflexive movements of the body were practised, such as stretching and releasing exercises, in order to stimulate the circulation. Such rhythmic activity helped to bring about relaxation, but as long as the mental conflict remained unresolved, the effect on the patient was temporary. Dance was used as a purely physical modality for the release of tension; the physical activity produced normal muscular fatigue from which the body recovered naturally during periods of rest.¹³ The potential of dance as an expressive medium, which could release both physical and psychological tension was not yet realized. The gulf in treatment between mind and body still remained to be bridged.

The catalyst to this change in awareness of the potential of dance in therapy occurred in the work of Paul Schilder on the body image. During the 1940's, Francizka Boas taught creative modern dance to children at Bellevue Psychiatric Hospital in New York. Her ideas are vital to the development of Dance Movement Therapy, because she combined her extensive personal experience of therapeutic practice and psychiatric concepts, with dance and movement in her treatment of both child patients at Bellevue

¹² The term 'hypertonus' refers to a state of abnormally high muscular tension.

¹³ The information in this paragraph is taken from Elizabeth Rosen, *Dance in Psychotherapy*, 2nd ed., (New York: Dance Horizons, 1974), 52-53. Further references to this book are given after quotations in the text

and adult dancers in her studio. From the beginning, Boas incorporated into her work ideas from her colleague at Bellevue, the psychiatrist Paul Schilder; in particular, his seminal work The Image and Appearance of the Human Body provided her with a full and comprehensive theoretical system on which to base her ideas. She understood the concept of the body image as it was presented by Schilder and incorporated it into her therapeutic work with children. It provided the connection between psychiatric concepts and movement techniques, which became the basis for Boas' work and subsequently for Dance Movement Therapy as a whole.

In The Image and Appearance of the Human Body, Schilder expanded at length on his notion of the body image. The body image is continually built up from a physiological basis in the tactile, vestibular, kinesthetic, proprioceptive and visual systems. The vital point in Schilder's explication, however, is that it is only through movement that the body image is constructed. In infancy its development parallels that of the sensorimotor system, while in adulthood it remains plastic and changes with every new movement situation that is experienced:

It is remarkable... that movement leads to a better orientation in relation to our own body. We do not know very much about our body unless we move it. Movement is a great uniting factor between the different parts of our body. By movement we come into a definite relation to the outside world and to objects, and only in contact with this outside world are we able to correlate the diverse impressions concerning our own body. The knowledge of our own body is to a great extent dependent upon our action. (Image and Appearance, 112-113)

Movement not only contributes to the construction of the body image, but Schilder clearly states that it can produce a change in psychological attitude via a change in the body image. Every emotion and expressive attitude is connected with a characteristic change in the postural model of the body, which is experienced as an alteration in the heaviness or lightness of the diverse parts of the body. Each of the characteristic changes is a total figure, with its own distinctive sequences and shapes. In normal movement, the postural model of the body changes continually from crystallized, rather closed entities, which reflect one of the typical primary images of the body, to a state of dissolution, which reflects a stream of less stabilized experiences. Movement is therefore

the continual building up of a shape, which is immediately dissolved and built up again. There are two important theoretical conclusions to be drawn from this. Firstly, there is nothing automatic in this continual process; it is influenced by the emotions, which are all connected with expressive movements or at least impulses toward them. Every emotion therefore changes the body image. This, in turn, signals an openness in Schilder's work to the event, so that the continual process which forms the body image is determined by the arbitrary series of events which structure the life of each individual, and produce emotional response. Each emotion that is experienced is registered on the body image, which therefore shows the characteristic features of an entire life.

Schilder insists on an intimate interrelation between psychological and physical functioning. Every emotion changes the body image and produces its own characteristic postural attitude. In hatred, the body contracts and becomes firmer, and its outlines towards the world are strongly marked. In friendliness, however, there is a sensation of expansiveness as the muscles relax and the borderlines of the body lose their distinct character. Conversely, a shift in movement can produce its own emotional reaction:

There is no question that the loosening of the body-image will bring with it a particular psychic attitude. Motion thus influences the body-image and leads from a change in the body-image to a change in the psychic attitude.

We now come to the problem of expressive movements and their relation to the postural model of the body. According to Flach, every change in the psychic attitude provokes a change in the dynamic situation as a whole, which is experienced as a change in the muscular tension as pull, striving, or loosening. Single elements of muscle-tension are not experienced, but there are specific sequences which form a whole when an expressive movement like entreaty, defiance, or sadness takes place. We have here a specific sequence of muscular states which are experienced... There is so close an interrelation between the muscular sequence and the psychic attitude that not only does the psychic attitude connect up with the muscular states, but also every sequence of tensions and relaxations provokes a specific attitude. When there is a specific motor sequence it changes the inner situation and attitudes and even provokes a phantasy situation which fits the muscular sequence. (Image and Appearance, 208)

Clearly this theoretical model provides an excellent basis for the aims and structures of the dance-therapy session. The interrelatedness of physical and psychological elements which is so fundamental to the work of the dance therapist is clearly evidenced. The potential of movement to alter psychological attitude is converted in the dance-therapy

session to the expansion and exploration of movement range, in order to open up relaxed and easy postural attitudes, which will then produce a more positive inner situation. Conversely, the registering on the body image of every emotion that is experienced provides the dance therapist with a storehouse of postural and muscular attitudes deriving from events throughout the client's life experience, and supplies a rich and almost inexhaustible fund of material with which to work.

The potential of his own material for use in the area of dance does not appear to have been lost on Schilder. In The Image and Appearance of the Human Body, he argues that the techniques of dance and movement are a highly effective means of encouraging the body into those looser states of dissolution which reflect a stream of less stabilized experiences, and relaxing the closed and constricted postural attitudes which derive from a specific emotional state:

There is another way of dissolving or weakening the rigid form of the postural model of the body, and that is movement and dance. I have mentioned above that, whenever we move, the postural model of the body changes. The previous scheme of the postural model remains in the background and upon this previous scheme the new scheme is built up. When we move, we depart from the comparatively rigid primary picture; it seems in some way loosened and partially dissolved till the body returns into one of the primary attitudes. As Goldstein has mentioned, movement and especially dancing often use postural reflexes which are not fully in our consciousness. (Image and Appearance, 206-207)

Dance is therefore a particularly suitable method for exploring bodily potential. Dance movement in particular incorporates new postural and muscular reflexes, and so increases the range of movement of the body. It is by expanding the range of movement that the knowledge of the body is increased; but it is also by loosening and dissolving the primary structures of the body that changes in the psyche are effected. There is no question for Schilder that the loosening of the body image in dance will bring about a change in psychic attitude: motion influences body image, which in turn brings with it a particular psychological reaction (Image and Appearance, 208).

It is worth noting briefly at this point that Schilder indicates with particular emphasis the effect of spinning and circular motions in dance, which are seen to have an especially loosening quality. Due to vestibular irritation, the perception of the mass and

substance of the body is altered, which gives an increased feeling of freedom concerning gravity and the cohesion of the postural model of the body:

It is perhaps worth while to mention that the optical picture during every quick movement tends in itself to multiplication. When one sees dancers on the stage turning rapidly around their longitudinal axis, provided the movements are rapid enough, one sees (also monocular) two heads instead of one. During rapid movement, the optic impression tends already to multiplication and loosening of the postural model. But I have already mentioned that these movements also have an influence from the kinaesthetic side on the perception of the body. Every rapid movement, especially when it is circular, also changes the vestibular reaction and with it the lightness and heaviness of the body. This is partially due to the muscular action, but also to the vestibular irritation.... That so many dances are connected with circular movement has a deep meaning connected with the vestibular irritation, which gives a greater freedom concerning the heavy mass and substance of the body. It is remarkable that in cult-dances drugs are often taken which affect the equilibrium via the vestibular apparatus. Dancing is therefore a method of changing the body-image and loosening its rigid shape. (*Image and Appearance*, 207-208)

This provides a new insight into the activity of Irigaray's little girl, who whirls and spins in rapid motion. In terms of the body image, her actions provide the most effective means of loosening and dissolving the primary structures of the body and of achieving a sensation of freedom and lightness. It is this that Irigaray connects to a specifically female mode of experience.

Francizka Boas, in her work, adopted from Schilder the notion that the body image could be altered through movement exploration. Many of her child psychiatric patients manifested a distorted body image in their restricted movements; consequently Boas used new movement experiences to expand and explore the range of movement potential. The interrelation of body and psyche - the expression of emotion in physical attitudes and postures, and the potential of movement to influence subjectivity - that was so vital to Schilder's work was not lost on Boas. Even in the early 1940's Boas was able to define dance as follows:

dance is the expression of human fantasy and emotion using as its medium the motility of the body passing through space and time. This process of formulation of movement concerns itself not only with the form and action of the joints and muscles,

but also with the subjective concept of the body, and with the body as seen and interpreted by the observer.¹⁴

Boas thus made a remarkable contribution to the early development of Dance Movement Therapy. By incorporating the theoretical insights of her colleague Paul Schilder into her own therapeutic work, Boas succeeded in bridging the gulf in treatment between the body and the mind and establishing dance therapy in the form in which it is recognizable today.

In the 1950's, the theoretical basis of Dance Movement Therapy was firmly established; however, it was far from being accepted by the psychiatric institution. While it was acknowledged that the reactions of patients in dance and movement sessions might be significant, psychiatrists were rarely present to observe such sessions at first hand. Simultaneously the dance therapist, along with many other auxiliary specialists who formed the complex of the psychiatric team, was consciously excluded from the insulated and private domain of the psychiatrist, whose treatment was strictly on a one-to-one basis (Rosen, 'Foreword to 1974 edition'). It was not until the 1960's that dance therapy became professionalized, and by a gradual process of acceptance, was increasingly incorporated into the programme of treatment for the psychiatric patient. Progress in the 1960's was aided by developments occurring within the sphere of dance itself. Elizabeth Rosen points out that the emphasis of modern dance on the natural, dynamic rhythms of the body (contraction and release, fall and recovery) was particularly adaptable for use by the developing dance-therapy movement (Rosen, 45). Bound only by the limitations of the body itself, the form of modern dance was flexible and creative and aimed to give expression to those ideas, emotions and attitudes which could best be articulated in movement.

Since the 1960's the history of Dance Movement Therapy has been one of increasing consolidation and incorporation into the psychiatric sphere. The exciting and challenging aspect of the movement is that it is continually evolving to include new areas

¹⁴ This reference is quoted in Kristina Stanton-Jones, An Introduction to Dance-Movement Therapy in Psychiatry, (New York and London: Routledge, 1992), 23. Stanton-Jones cites as her source Francizka Boas, quoted in Laretta Bender, Child Psychiatric Techniques, (Illinois: C. C. Thomas, 1952), p. 258.

of practice. Although the basic reliance on movement to re-integrate emotional experience remains a constant, dance therapists are able to incorporate an increasing range of existing psychological frameworks; for example, there has been the recent move to treat sexually abused patients. In conclusion, however, it is notable that throughout the history of Dance Movement Therapy, it has been unable to incorporate or work productively alongside the theoretical framework of Freudian psychoanalysis, which specifically excludes the body from its sessions and rejects its choreographies. It has been in conjunction with the alternative tradition of the body image (which originated with Janet and was subsequently expanded by Schilder) that Dance Movement Therapy has been able to operate productively in dialogue with psychiatric practice. The question which I propose to explore in the final chapter of my thesis is whether the growing enthusiasm for somatic expression in the therapeutic context has also mobilized a renewed consideration of issues regarding the gendering of the subject. In other words, I am interested in exploring whether the inclusion of the body in the psychotherapeutic framework has also extended to the notion of bodily difference.

CHAPTER FIVE: THE GENDERED BODY

THE CONSTRUCTION OF A FEMINIST PHENOMENOLOGY

CHOREOGRAPHIES OF GENDER

Over the last decade, the body has increasingly been assimilated into critical theory; over a remarkably short space of time, bodies have become the subject of intense cultural, philosophical and feminist speculation. Janet Wolff has pointed out that at a time when the body is the focus of ideology, representations and social relations, it seems increasingly anomalous to ignore dance in critical studies.¹ Dance (and dance studies) have previously been marginalized by critics, either construed as esoteric or highbrow or relegated to popular culture. Both of these strategies render dance harmless, and contain the subversive possibilities of the moving body. However with an increased interest in representations of the body, dance has crucially been appearing on the edges of critical theory. The problem which I wish to explore in this section is the very precise location of dance in critical theory; it is intimately and integrally allied to the project of feminist deconstruction, and consequently the dancing body has become a highly-charged locus of social representation.

The metaphor of theory as 'choreography' first entered philosophical and cultural discourse in 1982, in a written interview between Jacques Derrida and Christie McDonald, entitled 'Choreographies'.² In this influential interview dance was immediately and indissolubly linked with issues of the gendering of the subject. Derrida uses the figure of the dancing body, which is in motion and hence cannot be fixed in one place or at one time, as a mode of expression for his radical view of gender, which is similarly fluid and mutable. In the interview, Derrida opens up a space for a divergent sexuality (or more properly, divergent sexualities) and thereby effects a dissolution of the

¹ Janet Wolff, 'Foreword', Women and Dance: Sylphs and Sirens, Christy Adair, (London and Basingstoke: Macmillan, 1992), xi-xiv (p. xi). Further references to this preface are given after quotations in the text.

² Jacques Derrida and Christie V. McDonald, 'From "Choreographies",' Between the Blinds: A Derrida Reader, ed. Peggy Kamuf, (New York: Columbia Press, 1991), 440-456. Further references to this interview are given after quotations in the text.

fixed cultural concepts of masculinity and femininity. He posits instead a sexual indeterminacy, in which the genders intermix to play with, and become, a number of different sexualities.

Susan Bordo, in her recent study of the body in relation to contemporary critical theory, has argued impressively that this view of the gendering of the subject arises directly out of the application of deconstructionist postmodernism to feminist concerns and paradigms.³ The deconstructionist model of interpretive multiplicity, of the heterogeneity and indeterminacy of meaning and meaning production, is applied to questions of the gendering of the subject. The rôle of the body is crucial in this process: deconstructionist postmodernism (rightly) opposes the ideal of disembodied knowledge, and declares the disembodied viewpoint of traditional science and philosophy to be a mystification and an impossibility. In its place, deconstructionists have introduced the metaphor of the world as text, as a means of undermining various claims to authoritative and transcendent insight into the nature of reality. If history and culture are texts, they admit an endless proliferation of readings, each of which is itself unstable. The problem arises in relation to the rôle of the subject in this endlessly destabilized world:

The question remains, however, how the human knower is to negotiate this infinitely perspectival, destabilized world. Deconstructionism answers with, as an alternative ideal, a constant vigilant suspicion of all determinate readings of culture and a partner aesthetic of ceaseless textual play. Here is where deconstruction may slip into its own fantasy of escape from human locatedness - by supposing that the critic can become wholly protean, adopting endlessly shifting, seemingly inexhaustible vantage points, none of which is 'owned' by either the critic or the author of a text under examination. (Bordo, 226)

Deconstruction reacts against the disembodiment that characterizes traditional, 'objective' accounts of reality, and insists on the partial and perspectival nature of embodied existence. However, Bordo suggests that in its own aesthetic of ceaseless and inexhaustible shifting of perspective and vantage point, deconstruction is equally guilty of its own 'fantasy of escape' from human embodiment, which is always 'located', or fixed

³ Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body*, (Berkeley: University of California Press, 1993), 217-229. Further references to this book are given after quotations in the text.

within the boundaries of its own somaticism - even if these boundaries are conceptualized as fluid and unstable, as in theories of the body image.

Deconstruction has profoundly influenced certain feminist approaches to the gendering of the subject. Deconstructionist feminists, for example Susan Suleiman, have criticized the model of gender for its fixed, binary structuring of reality, which can only reproduce the dualistic logic which has characterized traditional Western modes of thought. In its place Suleiman would instate the deconstructionist ideal of ceaseless, textual play. In '(Re)Writing the Body: The Politics and Poetics of Female Eroticism', she observes of contemporary feminism:

The dream, then, is to get beyond not only the number one - the number that determines unity, of body or of self - but also beyond the number two, which determines difference, antagonism, and exchange conceived of as merely the coming together of opposites. That this dream is perhaps impossible is suggested. Its power remains, however, because the desire it embodies is a desire for both endless complication and creative movement.⁴

For Suleiman, contemporary feminism should not only leave behind the fictions of unity and stability of identity which characterize the phallogentric world view; but also the grid of gender, which feminists have used to expose the hierarchical, oppositional structure of phallogentrism. Beyond the number two is not some other number, but 'the innumerable' and 'the incalculable', so that difference is engulfed in multiplicity (Suleiman, 24). Suleiman quotes directly here from Derrida's interview with Christie McDonald, so that it becomes evident that the project of feminist deconstruction is firmly grounded in and inseparable from this text.

Before I move on to outline the thoughtful and impressive critique of the feminist deconstructionist project, which Bordo includes in her volume Unbearable Weight (1993), I would like to pause for a moment to examine in detail the ways in which the dancing body is mobilized in the text of Derrida's interview, and the critical implications that this carries. The dancing figure is first introduced by Christie McDonald, who

⁴ Susan Rubin Suleiman, '(Re)Writing the Body: The Politics and Poetics of Female Eroticism', The Female Body in Western Culture: Contemporary Perspectives, ed. Susan Suleiman, (Cambridge, Mass: Harvard University Press, 1986), 7-29, (p. 24). Further references to this article are given after quotations in the text.

quotes a phrase from Emma Goldman, a 'maverick feminist' at the turn of the century: 'If I can't dance, I don't want to be part of your revolution' ('Choreographies', 441). Dance is immediately created as a space apart from the mainstream feminist project (the 'revolution'). In his response, Derrida expands on this and mobilizes dance as a space apart, a locus of textual play and uncertainty, in which authoritative and transcendent notions of reality are destabilized and undermined. For Derrida, the women's movement is implicated in the determinate and transcendent readings of culture which history mobilizes, even if the 'revolution' appears to provide a break in the continuous progress of history - the 'revolution' is thus oriented towards the (re)appropriation of woman's own specific difference, her truth. Dance provides an alternative mode to this, which is inseparable from Derrida's own deconstructionist project:

Perhaps she [Goldman] was thinking of a completely other history: a history of paradoxical laws and nondialectical discontinuities, a history of absolutely heterogeneous pockets, irreducible particularities, of unheard of and incalculable sexual differences; a history of women who have - centuries ago - 'gone further' by stepping back with their lone dance, or who are today inventing sexual idioms at a distance from the main forum of feminist activity with a kind of reserve that does not necessarily prevent them from subscribing to the movement and even, occasionally, from becoming a militant for it. ('Choreographies', 442)

In its entry into critical theory, dance thus becomes implicated in the deconstructionist metaphor of the world as text. In this infinitely perspectival, destabilized world, the human subject must become protean, adopting endlessly shifting, seemingly inexhaustible vantage points. Clearly, dance can easily be incorporated into this theoretical structure, for it is concerned with the body in motion. In relation to feminism, Derrida clearly states that this ceaseless motility is what he considers to be the most exciting and challenging dynamic for the revolutionary project. He argues that woman no longer has a 'place', for this is to subject feminist politics to a determinate view of the world. The woman should not be confined to any one place, but should assume a protean, shifting identity. For Derrida this ceaseless mobility is what is most 'affirmative' in the metaphor of dancing: in 'dancing otherwise', feminism is entering the endless play of the deconstructionist enterprise ('Choreographies', 443).

Arguably, Derrida's concern in using the metaphor of dance is to incorporate the feminist revolutionary project into his own deconstructionist framework. He is concerned with the difficulty and the challenge of bringing the 'dance' (the endless shifting and mobility of deconstruction) into a 'tempo' which is 'in tune' with the feminist revolution. The political project of feminism must of necessity struggle against 'real conditions' which are in turn grounded in 'metaphysical presuppositions'. The 'front' on which the 'women's struggle' develops is the 'economic, ideological and political assumptions of the dominant system'. Deconstruction can therefore 'compromise the political chances of feminism' - its projects and aims are not compatible with feminism, even to Derrida himself. Nevertheless, he still urges that feminists enter the 'dance' or space of deconstruction which he has established: 'How can one breathe without such punctuation and without the multiplicities of rhythm and steps? How can one dance, your "maverick feminist" might say?' ('Choreographies', 446)

The rest of the interview is devoted to Derrida's often quoted and influential illustration of how deconstruction might be brought 'into tune' with feminism, how they may join the same 'tempo'. Derrida thus produces a 'choreographic text', in which feminism joins in the 'dance' of the deconstructionist project. The ceaseless textual play of deconstruction is here used to disrupt the gender opposition on which sexual difference is founded, so that there are no longer two genders but an indeterminate number of 'sexually marked voices':

This indeed revives the following question: what if we were to reach, what if we were to approach here (for one does not arrive at this as one would at a determined location) the area of a relationship to the other where the code of sexual marks would no longer be discriminating? The relationship would not be a-sexual, far from it, but would be sexual otherwise: beyond the binary difference that governs the decorum of all codes, beyond the opposition feminine-masculine, beyond bi-sexuality as well, beyond homosexuality and heterosexuality, which come to the same thing. As I dream of saving the chance that this question offers I would like to believe in the multiplicity of sexually marked voices. I would like to believe in the masses, this indeterminable number of blended voices, this mobile of nonidentified sexual marks whose choreography can carry, divide, multiply the body of each 'individual', whether he be classified as 'man' or as 'woman' according to the criteria of usage. ('Choreographies', 455)

As Derrida himself indicates in the interview this is a deeply problematic theoretical framework, particularly in terms of the feminist project.

The primary problem is outlined by Elizabeth Grosz, in her book Space, Time and Perversion (1995). She contests that Derrida's description places at risk the concept of sexual difference (which is fundamental to the feminist project) and collapses it into sexual neutrality. The problem centres on what happens to the body in Derrida's text. Grosz validates Derrida's 'dream' of 'sexually marked voices' as 'worthy of careful consideration': each sex has the capacity to (and frequently does) play with, become, a number of different sexualities. However, this play is not ceaseless or 'protean' (as deconstruction would argue) but finds a limit to its possibilities in each (sexed) body (Space, Time and Perversion, 77). Grosz reinstates here the framework of sexual difference, which implies an irreducible specificity of each sex relative to the other. This is not to pre-determine how one 'is' male or female, but to suggest an ineradicable rift between the two, in whatever forms they are lived. One can still live one's sexual indeterminacy, one's possibilities for being sexed otherwise, but this will be experienced differently, depending on whether one is male or female. At the most fundamental level, Grosz argues that each sex plays with a number of different sexualities, but cannot take on the body and sex of the other.

It is notable that Derrida's text continually attempts to move beyond this limit or restriction, which is precisely marked as the site of the body:

Of course, it is not impossible that desire for a sexuality without number can still protect us, like a dream, from an implacable destiny which immures everything for life in the figure 2. And should this merciless closure arrest desire at the wall of opposition, we would struggle in vain: there will never be but two sexes, neither one more nor one less. Tragedy would leave this strange sense, a contingent one finally, that we must affirm and learn to love instead of dreaming the innumerable. Yes, perhaps; why not? But where would the 'dream' of the innumerable come from, if it is indeed a dream? Does the dream itself not prove that what is dreamt of must be there in order for it to provide the dream? Then, too, I ask you, what kind of a dance would there be, or would there be one at all, if the sexes were not exchanged according to rhythms that vary considerably? In a quite rigorous sense; the exchange alone could not suffice either, however, because the desire to escape the combinatory itself, to invent incalculable choreographies, would remain. ('Choreographies', 455-456)

It is not enough that the 'sexes', irreducible to each other, should 'exchange' their differing 'rhythms' in a 'dance' which respects otherness and difference. This does not 'suffice' for Derrida, who desires only the 'incalculable choreographies' arising out of the protean motility of deconstruction.

The second problem with Derrida's 'choreographic' project is outlined by Bordo, in Unbearable Weight. She provides a comprehensive and insightful criticism of Derrida's enterprise, which reveals the project to be self-contradictory. Again the problem centres on what happens to the body in Derrida's text. Deconstructionist postmodernism thus arises out of a critique of the ideal of disembodied knowledge. Traditional (most particularly Cartesian) images of knowing conceptualize the body as a site of epistemological limitation, as that which fixes the knower in time and space and therefore relativizes perception and thought. Transcendence of the body is required if one is to achieve an objective view, which is undistorted by human perspective. For deconstructionist theorists, there is no escape from the human perspective, and they accordingly emphasize the continual processes of the human making and remaking of the world. The body is accordingly reconceived: no longer an obstacle to knowledge, it becomes a vehicle by which the human subject is able to constantly shift location, and it reveals endlessly new points of view (Bordo, 226-227).

However, Bordo indicates that this enterprise is animated by its own 'dream' of attaining an epistemological perspective which is free of the limitations of embodied existence - in this instance, the locatedness of the body. Bordo argues that deconstruction paradoxically practises as radical a denial of the actual nature and limitations of the body as the Cartesianism against which it defines itself. The metaphor of dance is profoundly implicated in this deconstructionist project, and is particularly problematic in its entry into critical theory. The metaphor of dance has provided deconstructionist theorists with an image for the mobile and protean body. However, reading the dancing body 'otherwise', it is clear that the protean movements and activity of deconstruction require the installation of a limit. Grosz has indicated that the incalculable 'sexed voices' of Derrida's dream find a limit in the sexed nature of the body.

In a similar way, Bordo locates a limit to the dancer's movements, so that it is impossible to go everywhere and to become anyone: it denies the body's inherent locatedness in space and time. This acknowledgement of a limit, a point beyond which the dancer cannot go, also entails an appreciation of difference: if the dancer is not able to travel everywhere, then difference is possible as something that eludes. The epistemological fantasy of limitless multiple embodiments, and dancing from place to place and from self to self, thus places at risk not only the notion of difference, but also the body itself:

What sort of body is it that is free to change its shape and location at will, that can become anyone and travel anywhere? If the body is a metaphor for our locatedness in space and time and thus for the finitude of human perception and knowledge, then the postmodern body is no body at all.

The deconstructionist erasure of the body is not effected, as it is in the Cartesian version, by a trip to 'nowhere', but by a resistance to the recognition that one is always somewhere, and limited. Here, it becomes clear that to overcome Cartesian hubris it is not sufficient to replace metaphors of spectatorship with metaphors of dance; it is necessary to relinquish all fantasies of epistemological conquest, not only those that are soberly fixed on necessity and unity but also those that are intoxicated with possibility and plurality. (Bordo, 229)

Derrida (rightly) argued that woman should not be confined to any 'one place', but should possess her own freedom of motility; however, his project of deconstruction also challenges the very 'idea of the locus and the place', so that woman must 'dance otherwise' ('Choreographies', 443). The problem for feminism is that in this protean and shifting 'other realm', woman is without a place: in a familiar move, she is denied a space of becoming through modes of expression based in her own lived experience. The incorporation of dance into critical and cultural theory, practised by deconstructionists in the 1980's, has thus now been revealed as a radical denial of the inherent qualities of the body itself, and of the potential of dance as a conceptual framework. Critics in the field of dance studies are calling for a new articulation of dance in critical theory, which is respectful of the structures of dance performance. In the 'Introduction' to Corporealities (1996), a volume of essays in contemporary dance studies, Susan Leigh Foster asserts:

The essays in this volume refuse to let bodies be used merely as vehicles or instruments for the expression of something else. They acknowledge that bodies

always gesture towards other fields of meaning, but at the same time instantiate both physical mobility and articulability.⁵

Susan Leigh Foster argues that dance in critical theory has thus far been a 'mute event', incorporated not for its inherent interest, but as a mode of exploring 'more concrete data or more abstract concepts' (Foster, xii). She urges that dance be allowed its own 'articulability'; if critical attention is paid to the dynamics of dance performance - 'the body's spatial, temporal and tensile qualities, the patterns of shape and rhythm it constructs alone and alongside other bodies' - then dance is able to lend a new exactitude to the widespread use of the body as a critical term in contemporary cultural theory (Foster, xi).

Janet Wolff supplements this by a consideration of dance in relation to feminist theory. In her 'Foreword' to Christy Adair's volume Women and Dance: Sylphs and Sirens (1992), she observes the potential of dance in feminist studies:

Most importantly, feminist cultural studies can begin from the insistence of some writers that we start from the body, and consider the role of dance, and the potential of dance, in the project of a feminist cultural politics. Here, I am thinking less of so-called French feminism, with its various calls to a politics of the body (with the dual risks, often pointed out, of essentialism and mysticism associated with this project), but rather of the more pragmatic formulations of those who work with Adrienne Rich's recommendation of a 'politics of location', firmly grounded in the corporeal experience. But bodies are not static. A feminist analysis of the dance can expand this work to demonstrate the nature and power of the moving body and the dancing body. (Wolff, xii)

Dance is able to provide a conceptual framework in which to theorize the 'performativity' of the body. It is able to analyse the 'nature and power of the moving body' in a mode which is 'firmly grounded in the corporeal experience'. In relation to gender, dance mobilizes an exploration of the ways in which the sexed body moves in space and time, the patterns of shape and rhythm it constructs both alone and in interaction with other bodies. Dance as performance opens up a space in which the sexed body is able to express its own range of movement potential, or to live out its difference.

⁵ Susan Leigh Foster, 'Introduction', Corporealities: Dancing Knowledge, Culture and Power, ed. Susan Leigh Foster, (New York and London: Routledge, 1996), xi-xvii, (p. xi). Further references to this preface are given after quotations in the text.

This new incorporation of dance into feminist critical studies is not the project of a feminist deconstruction but of a feminist phenomenology. Phenomenology (like deconstruction) bases its investigations within the limited and partial human perspective; it does not attempt to transcend the body, but locates the subject in time and space, and perception and thought are accordingly relativized. However, it also recognizes the locatedness and limitations of bodily existence; it adheres to a 'politics of location, firmly grounded in the corporeal experience' (Wolff, xii). Unlike deconstruction, it does not succumb to 'dreams' of endless relocation and proteanism of form, and it therefore provides a productive theoretical model by which notions of bodily difference may be conceptualized and articulated.

In Space, Time and Perversion, Grosz indicates an urgent need for feminist studies to incorporate the insights of phenomenology. She argues that an exploration of the conceptions of space and time is essential to the feminist project, for women have largely been denied a space and time of their own. This enterprise is inextricable from the exploration of corporeality. Grosz points out that not only is the body always understood within the spatio-temporal context; but more importantly, space and time only remain conceivable insofar as corporeality provides the basis for their perception and representation (Space, Time and Perversion, 84). Grosz is crucially incorporating into her analysis at this point the phenomenological insight that phenomenal space or lived space (the ways in which the body's movement and orientation organizes the surrounding space as a continuous extension of its own being) is prior to objective space (the uniform space of geometry and science, in which all positions are external to one another and interchangeable). According to Merleau-Ponty, temporality and spatiality are inherent structures of the human consciousness-body; more abstract notions of objective time and space are built up on the foundation of immediate, lived experience. Merleau-Ponty thus summarizes his discussion of the phenomenon of space: 'Everything throws us back on to the organic relations between the subject and space, to that gearing of the subject to his world which is the origin of space' (Phenomenology of Perception,

251). Grosz accordingly argues that the sense of spatiality is derived not from an objective and external framework, but from the lived experience of the body:

Form and size, direction, centeredness (centricity), location, dimension and orientation are derived from perceptual relations. These are not conceptual impositions on space, but our ways of living as bodies in space. They derive from the particular relations the subject has to objects and events; for example, its perceptions of sounds... Their correlation with tactile and visual sensations forms the basic ideas of localization and orientation; place and position are defined with reference to the apparent immediacy of a lived here-and-now. These are not reflective or scientific properties of space but are effects of the necessity that we live and move in space as bodies in relation to other bodies. (Space, Time and Perversion, 93)

The phenomenological insight that lived space is prior to objective space is vital to the feminist project which Grosz defines. It not only implies that by changing phenomenal space, alteration can also be effected in the way that objective space is conceptualized. More radically, it places in question the very possibility of 'objective' space, which is fundamentally challenged by the suggestion that space might be a subjective category.

The vital concept for Grosz in relation to phenomenal space is that it does not become comprehensible to the subject by being the space of movement; rather, it only becomes space through movement itself (Space, Time and Perversion, 92). Phenomenal space arises out of the motility of the body, and the lived relations of space emerge out of the body's capacity for motion and the intentional relations which that motion constitutes. In short, the ways in which the subject 'performs' movement are able to effect alteration in spatial perception. Operating within this phenomenological framework, causing a shift in the ways in which the female subject performs movement and occupies and creates space, would also effect change on the cultural level at which space is occupied and shared out:

The project ahead, or one of them, is to return women to those places from which they have been dis- or re-placed or expelled, to occupy those positions - especially those which are not acknowledged as positions - partly in order to show men's invasion and occupancy of the whole of space, of space as their own and thus the constriction of spaces available to women, and partly in order to be able to experiment with and produce the possibility of occupying, dwelling or living in new spaces, which in their turn help generate new perspectives, new bodies, new ways of inhabiting. (Space, Time and Perversion, 124)

Dance theorist Christy Adair acknowledges that this alteration and exploration of movement capacity is important to the feminist project: 'It can be an important aspect of change to alter physical behaviour patterns, for example, so that women take up more space and men stop invading women's space...' ⁶ However she warns against employing such action as a substitute for changing the social order, rather than as an intermediate step towards it. What Adair crucially misses at this point is the feminist phenomenological insight that the two modes are indissoluble from each other. Gender is theorized as a mode of 'performativity', so that gender relations at the broadest cultural level arise out of the modes in which the sexed body moves, and occupies and creates space.

In creating a feminist phenomenology, Grosz thus prioritizes the lived experience of the body. Phenomenal space (which arises out of bodily motility and intentionality) is prior to and constitutive of 'objective' space, the possibility of which is thereby radically placed at risk. A vital theoretical implication of this conceptual framework is that it allows for difference between the male and female conceptions of space and time. Grosz indicates that unless the possibility is explored that women may operate on a different space-time framework to men, then there is a risk that (once again) women will not occupy a viable space and time of their own:

It is not clear that men and women conceive of space or time in the same way, whether their experiences are neutrally presented within dominant mathematical and physics models, and what the space-time framework appropriate to women, or to the two sexes might be. One thing remains clear: in order to reconceive bodies, and to understand the kinds of active interrelations possible between (lived) representations of the body and (theoretical) representations of space and time, the bodies of each sex need to be accorded the possibility of a different space-time framework.

To transform the castrated, lacking, inadequate representation of female corporeality, not only do the relations between the sexes and the dominance of masculine [*sic*] in the formation of universal models need to be questioned, the overarching context of space-time, within which bodies function and are conceived also needs serious revision. The possibility of further alternatives must be explored... This may amount to a scientific and conceptual revolution alongside sociopolitical transformations, but without questioning basic notions of space and time, the inherent masculinity of the 'hard sciences' and of philosophical speculation will proliferate

⁶ Christy Adair, *Women and Dance: Sylphs and Sirens*, (London and Basingstoke: Macmillan, 1992), p. 33. Further references to this book are given after quotations in the text.

under the banner of the human. Women, once again, may be granted no space or time of their own. (Space, Time and Perversion, 100-101)

Grosz is explicit here that the project of feminist phenomenology is not merely 'to understand the kinds of interrelations possible between (lived) representations of the body and (theoretical) representations of space and time', but by 'reconceiving' the body, to challenge and dispute theoretical conceptions of space-time. Once again phenomenal space, or the organization and creation of space by the body's movement and orientation, is prioritized.

Grosz is clear that in feminist phenomenology it is imperative to accord the body of each sex the possibility of a different mode of inhabiting and moving in space. It is also vital to acknowledge, however, that this recognition of difference extends to the level of the space-time framework: if it is allowed that there are particular modalities of feminine bodily comportment and motility, then it follows that there are also particular modes of feminine spatiality and temporality. The foremost proponent of a feminist phenomenological standpoint is the theorist, Iris Marion Young. In her most widely known article, 'Throwing Like a Girl' (1989), she incorporates her reading of phenomenologist Maurice Merleau-Ponty into a feminist theoretical framework.⁷ The essay provides a comprehensive phenomenological description of the 'castrated, lacking, inadequate' modes of feminine motility, which are experienced and lived by women in a predominantly patriarchal culture (Grosz, Space, Time and Perversion, 100). It also reveals the failure of traditional phenomenology to take into account the notion of difference, in relation to the lived experience of the (always) gendered body.

Young bases her feminist phenomenology on the same challenge to the objective space-time framework which has been so eloquently articulated by Grosz. She quotes the findings of 'numerous psychological studies' which indicate that there is a difference in the conceptualization of space between the sexes:

⁷ Iris Marion Young, 'Throwing Like a Girl: A Phenomenology of Feminine Body Comportment, Motility and Spatiality', The Thinking Muse: Feminism and Modern French Philosophy, eds. Jeffner Allen and Iris Marion Young. (Bloomington and Indianapolis: Indiana University Press, 1989), 51-70. Further references to this article are given after quotations in the text.

There have been numerous psychological studies which have reported differences between the sexes in the character of spatial perception. One of the most frequently discussed of these conclusions is that females are more often 'field dependent'. That is, it has been claimed that males have a greater capacity for lifting a figure out of its spatial surroundings and viewing relations in space as fluid and interchangeable, whereas females have a greater tendency to regard figures as embedded within and fixed by their surroundings. ('Throwing Like a Girl', 64)

These scientific researches reveal that in relation to objective space, women do not perceive a fluid system of potentially alterable and interchangeable relations, but instead experience 'closures of immobility and fixity' ('Throwing Like a Girl', 64). In line with her phenomenological project, Young indicates that this 'objective space' is underpinned by a difference in phenomenal or lived space, which is prior to and constitutive of theoretical categories. Her essay reveals that the 'field dependency' of women in psychological studies is indissoluble from a specifically feminine bodily motility and comportment. Like Grosz, she grounds her analysis in the lived experience of the body and consequently conceives of space as a subjective category. The spatiality which is perceived by woman therefore derives from her living her bodily motility as enclosed or confining, and experiencing her body to be positioned, outside of her own intentionality.

Young takes as her starting point a study by the eminent psychological phenomenologist Erwin Straus, in which he remarks on the notable differences in the style of throwing between the two sexes. She quotes Erwin Straus as follows:

The girl of five does not make any use of lateral space. She does not stretch her arm sideward; she does not twist her trunk; she does not move her legs, which remain side by side. All she does in preparation for throwing is to lift her right arm forward to the horizontal and to bend the forearm backward in a pronate position... The ball is released without force, speed or accurate aim... A boy of the same age, when preparing to throw, stretches his right arm sideward and backward; supinates the forearm; twists, turns and bends his trunk; and moves his right foot backward. From this stance, he can support his throwing with almost the full strength of his total motorium... The ball leaves his hand with considerable acceleration; it moves toward its goal in a long flat curve. ('Throwing Like a Girl', 51)

What Young finds remarkable in Straus' observations is the inadequacy of his explanation. He refers to a 'feminine attitude' in relation to space and to performing movement, which is explained by the tautological fact that girls are 'feminine' ('Throwing Like a Girl', 52). What surprises Young in this transparently inadequate account is its

phenomenological context. It derives from a perspective which takes bodily comportment and motility as decisive for the structure and meaning of human lived experience; yet faced with a 'remarkable difference' between masculine and feminine styles of body comportment and movement, the phenomenologist entirely fails to describe the modalities, meaning and implications of this difference ('Throwing Like a Girl', 52). Young's project is therefore to 'begin to fill a gap that thus exists both in existential phenomenology and feminist theory' ('Throwing Like a Girl', 53). In a novel blend of feminism and phenomenology, she aims to trace the basic modalities of feminine bodily comportment, the manner in which women move and their relation to space, and to bring intelligibility and significance to this description. This project is not a denial of, but a postscript to Merleau-Ponty's Phenomenology of Perception. His account of the relation of the lived body to its environment applies to the male experience of acting in the world. However, there is a particular style of bodily comportment which typifies the ways in which women act in the world, and this style consists of particular modalities of the lived experience which Merleau-Ponty outlined.

Straus' description of 'throwing like a girl' reveals two characteristic modalities of the female performance of bodily movement. Firstly, there is a failure to make full use of the body's spatial and lateral possibilities. In throwing, the girl does not stretch her arm sideways, twist her trunk, or extend her legs. This also typifies women's locomotor movements, which are much more constricted than those of men, so that the movement of legs and arms is restricted and less space occupied. Secondly, each sex typically performs bodily movement differently in approaching tasks. The girl of five only prepares for the activity of throwing by adjusting that part of her body which is most intimately connected with the task; in this instance, her arms. The boy, however, positions his body so that his action is supported with almost the full strength of his body as a whole. This typifies the female performance of physical tasks, so that the full possibilities of muscular co-ordination, poise, position and bearing are not realized. The third characteristic of female motility is that it typically experiences the space available for movement as a constricted space. An imagined space surrounds women in

movement which they do not feel free to move beyond. This is exemplified in 'catching like a girl', an activity in which women will typically wait for an object to enter their immediate bodily field, rather than move out towards it. Young suggests that the woman experiences herself as positioned in space, so that she will remain partly immobile in the performance of a task which requires the movement of the whole body.

In line with her phenomenological project, Young does not merely describe these modes in which women move and occupy space (this would be to arrest the project at the level which Straus reached), but also brings intelligibility and significance to this description. She argues that the lived body which Merleau-Ponty describes in The Phenomenology of Perception acts in an open and unbroken intentionality on the world. The lived body is the continuous calling forth of capacities which are applied to the world. As I have emphasized it is a skilled body, which acts on a pre-reflective or automatic level. One of the reasons which Young articulates for the characteristic modes of female bodily performance is that women are typically unpractised in using the body and performing tasks. Lacking in physical skills, the woman must approach tasks on a reflective level, which manifests itself in a movement performance which is timid, uncertain, hesitant. The body, while understanding the intentional act, is not yet able to co-ordinate its gestures to realize that act. Attention is divided between intention (the aim to be realized in motion) and the body which must accomplish it. In this reflective mode, concentration is directed on the body, to ensure that it is performing correctly, rather than on achieving an aim through the body ('Throwing Like a Girl', 57). This lack of physical skill is undoubtedly a valid problem for women in the performance of tasks; there is still a need for reform in the movement education of women, so that their bodies can be experienced as a site of skilled activity. However, I would add that the woman's body is highly skilled in areas, such as childcare, which are not recognized in a male-dominated society as skilled labour, and so are not accorded an economic status. It is only as women are able to 'reconceive' their own bodily performances as skilled, and therefore as labour, that a transformation can be effected in social space, and the home

(the 'woman's place'), as well as the male workplace, can accordingly be reconceptualized as a shared space of labour.

In Merleau-Ponty's description of the lived body, it unproblematically moves out to master a world which is constituted by its own intentions and projections. The lived body also exists as a material thing, like other objects in the world, but is normally only experienced as such at times of dysfunction - either in times of pain or illness, when the body insists on its own material existence; or in the process of learning a new skill. However, Young contends that for women the body is more often lived as an object, which is other to the subject or alien to its intentions. This is due to its location within patriarchal culture as an object which exists to be looked at and acted upon. Woman learns to live out her existence as physically inhibited, confined, positioned and objectified, which problematizes the relation to the lived body ('Throwing Like a Girl', 62).

In relation to phenomenal space, the woman therefore typically lives out a contradictory experience. As a subject, the woman lives her body as intentionality, so that she actively constitutes space and projects spatial relations and positions in accord with her intentions. However in living her bodily existence as an object, she experiences herself to be already positioned in space, by co-ordinates which are outside of her own intentional capacities. This contradictory relation to the lived body results in the emergence of what Young terms a 'double spatiality' ('Throwing Like a Girl', 63). In Merleau-Ponty's account, the uninhibited intentionality of the lived body projects an aim to be accomplished and calls forth the body's capacities, in an unbroken performance. The unity of intention and bodily movement creates an immediate link between the body and the surrounding space, such that the bodily performance structures or creates its own perceptions of spatiality, as the projection of future possibilities and capacities for action ('Throwing Like a Girl', 59-60). However, in the female performance of movement a discontinuity typically arises between intention, and the bodily movement called forth in order to realize the aim projected. Young terms this disjunction between

aim and enactment an 'inhibited intentionality' ('Throwing Like a Girl', 58). In relation to phenomenal space, this results in the emergence of a corresponding 'double spatiality':

In feminine existence there is a double spatiality as the space of the 'here' which is distinct from the space of the 'yonder'. A distinction between space which is 'yonder' and not linked with my own body possibilities, and the enclosed space which is 'here', which I inhabit with my bodily possibilities, is an expression of the discontinuity between aim and the capacity to realize the aim which I have articulated as the meaning of the tentativeness and uncertainty which characterize the inhibited intentionality of feminine motility. The space of the 'yonder' is a space in which feminine existence projects possibilities in the sense of understanding that 'someone' could move within it, but not I. Thus the space of the 'yonder' exists for feminine existence, but only as that which she is looking into, rather than moving in. ('Throwing Like a Girl', 63)

Women thus typically experience their own performance space to be enclosed or restricted. Spatiality is 'doubled', so that there is an outer radius which others use and inhabit, while it is only in the enclosed space which is 'here' that the woman is able to act out her possibilities. Young has clearly demonstrated that this spatial perception is embedded in the 'inhibited intentionality' which characterizes the female performance of bodily movement. This in turn emerges out of the objectification of the woman's body, which is such a foundational structure of modes of patriarchy.

Young closes her essay with a recognition of the limitation of her analysis: she has concentrated only on those bodily activities which are skilled tasks, and which mobilize the whole body in movement ('Throwing Like a Girl', 67). She suggests that a fuller account of woman's lived experience would explore the body in its sexual aspect, as well as structured body movement which is less task-oriented - for example, dancing. As I have indicated, dance possesses a highly transformative potential, which is able to radically explore and expand movement awareness and capacity. Dance theorist Margaret H' Doubler eloquently describes the ability of dance to transform bodily movement and thereby to effect change in spatial perceptions. She provides a moving afterword to Young's descriptions of the 'double spatiality', which typifies the female lived experience within the patriarchal system:

Sensitivity to space is another important factor contributing to the emotive power of movement. Essentially it is an awareness of the variety of directions that

the body and its parts can take when moving through space. It is a feeling of 'out-there-ness'. It is a sense of relationship between the self and space, considered as extensiveness rather than as something having boundaries.⁸

It is clear that for H' Doubler the performance of dance movement involves the body in open and direct action in the world, which affects the perception of spatiality, so that it is experienced as 'extensiveness', rather than as 'something having boundaries'. There is, however, a problem in relation to dance which is integral to the notion of performance. It thus refers not only to the mode or manner in which an activity or movement is carried out, but also to the presentation or display of the body in the performance of dance. In this sense, dance risks objectifying the body once more, or subjecting it to the gaze.

In Sexes and Genealogies (1993), Luce Irigaray is concerned with precisely this problem of 'performance', which is 'reconceived' in relation to female subjectivity, so that it is no longer linked with the display of the body and subjection to the gaze, but is a mode of becoming through an exploration of the manner in which a movement is carried out.⁹ Young has argued that the objectifying regard in which women are commonly held in patriarchal culture, can account for the spatial modality of being positioned and for the spatial restriction of women's motility: to open her body in free and active extension and outward directedness only invites objectification. It also furnishes an explanation for the 'double' nature that frequently characterizes the female lived experience. As a subjectivity, woman is unable to live herself as a mere, objectified body; however, experiencing her body as objectified, she cannot be in unity with herself, but must take distance from and exist in discontinuity with her body. This is manifested in the woman's characteristic relation to her body as one of self-consciousness. Young also indicates that this objectified bodily existence is exemplified not only in the attitude of others regarding her, but is also lived by the woman herself, who often takes up her body as an object. In her relation with the mirror, the body is often gazed on by the woman as an object, rather than as a living manifestation ('Throwing Like a Girl', 66-67).

⁸ Margaret N. H' Doubler, Dance: A Creative Art Experience, (Madison, Milwaukee and London: University of Wisconsin Press, 1966), p. 139.

⁹ Luce Irigaray, Sexes and Genealogies, trans. Gillian C. Gill, (New York: Columbia University Press, 1993). Further references to this book are given after quotations in the text.

It is this problem of women's relation to the visible which is taken up by Irigaray in Sexes and Genealogies, where she suggests that female lived experience is much nearer to the sense of touch, and should therefore be reconceptualized. In a revealing passage she describes the woman's relation with the mirror as one of objectification, which causes a crucial splitting or fracture:

We look at ourselves in the mirror to please someone, rarely to interrogate the state of our body or our spirit, rarely for ourselves and in search of our own becoming. The mirror almost always serves to reduce us to a pure exteriority - of a very particular kind. It functions as a possible way to constitute screens between the other and myself. In a way quite different from the mucous membranes or the skin that serve as living, porous, fluid media to achieve communion as well as difference, the mirror is a frozen - and polemical - weapon to keep us apart. I give only my double up to love. I do not yield myself up as body, flesh, as immediate - and geological, genealogical - affects. The mirror signifies the constitution of a fabricated (female) other that I shall put forward as an instrument of seduction in my place. (Sexes and Genealogies, 65)

There are two modes of splitting enacted here - there is a fracture of relationship between 'the other and myself', but this itself derives from a 'doubling' of the subject, so that it is the body as object which is offered to the other, while subjectivity is held back. However, even this description is inadequate to Irigaray's meaning, for in this process of objectification, there can be no subjectivity. For Irigaray, the (gendered) subjectivity is a mode of performance in space, and the mirror frequently acts as a 'superficial' mode of performance, which does not 'relate to space and to other people', and hence is not a mode of 'becoming' - it is not related to subjectivity:

Though necessary at times as a separating tool, the mirror - and the gaze when it acts as a mirror - ought to remain a means and not an end that enforces my obedience. The mirror should support, not undermine my incarnation. All too often it sends back superficial, flat images. There are other images that generate volume better than the reflection in the glass. To work at beauty is at least as much a matter of working at gestures as they relate to space and to other people as it is a matter of gazing, usually in anxiety, at one's mirror. The mirror freezes our becoming breath, our becoming space. (Sexes and Genealogies, 65)

Irigaray is therefore not opposed to 'mirroring' per se as a mode of performance of the self, but it is a mode which should 'support... incarnation'; it should not be relegated to the purely visual. She is concerned here to 'reconceive' the bodily

performance which underlies subjectivity (our mode of 'becoming'), so that it signifies not the display of the self to the gaze, but an exploration of the quality and manner of movement performance. A related passage in An Ethics of Sexual Difference (1993) clarifies Irigaray's meaning: 'As for mirrors, they give access to another order of the visible. Cold, icy, frozen-freezing, and with no respect for the vital, operative qualities of laterality'.¹⁰ Bodily performance in space (or an exploration of the 'operative qualities of laterality' in bodily motility), is vital to the formation of gendered subjectivity. Particularly close to Irigaray's concentration on the sensation and bodily experience of the performer is the notion of 'mirroring' activated in sessions of Dance Movement Therapy. This is a technique of reflecting back to the patient his or her own movement, but it is a process which is primarily concerned with the development of motility in space. Kristina Stanton-Jones describes the procedure as follows:

Mirroring is not simply imitating or mimicking the patient's movement; it is a sympathetic reflection and a structure in which interaction can take place. [Marion] Chace's knowledge of dance enabled her to extract the quality of the movement and subtly extend it, or take it to a conclusion. This broadened the patients' expressive movement potential, because their movement altered as they interacted with her. Mirroring also elicits more movement, and promotes movement dialogue...

... The nature of synchrony and mirroring in DMT interaction is not merely 'copying' another's behaviour, but rather constitutes a system of complementary complex fluctuations in various movement elements (effort-shape, attitude, body posture, gesture, etc.); this means that the therapist is not only reflecting the patients' movements, but is actively entering into a nonverbal dialogue and interaction with them... In DMT, the therapist mirrors some aspects of the patients' movements, while retaining elements of their [sic.] own movement style. This means that patients perceive the therapists' movements as in sympathy with... their own. Dance movement therapists are therefore taught to recognize their own effort-shape profiles, and they gain extensive experience in active mirroring of movement. (Stanton-Jones, 16 & 74)

In contrast to Irigaray's description of the woman's relation with the mirror in the realm of the visible, 'mirroring' in Dance Movement Therapy operates on the level of 'expressive movement' (the body is related to subjectivity and not distanced from it as an object); and consequently there is no fracturing of the relationship between self and other

¹⁰ Luce Irigaray, An Ethics of Sexual Difference, trans. Carolyn Burke and Gillian C. Gill, (Ithaca: Cornell University Press, 1993), p. 170.

- there is a 'movement dialogue' and an 'interaction' between therapist and patient. In terms of bodily performance, 'mirroring' enables a 'broadening' or an expansion of movement potential and capacities; it is therefore a mode of 'becoming'. The entry of dance into critical theory therefore acts in a dynamic and challenging way - if the gendered subjectivity is conceived as a mode of performance in space, it provides a locus in which bodily motility and its constitution of the surrounding space can be explored, and transformation potentially effected.

WEIGHTY MATTER(S)

In 1988, a space was opened up specifically for the exploration of the performance of gender, when a 'roundtable discussion' was staged to debate the problematic relation between movement and gender in dance.¹¹ Contributors to the discussion included the choreographer Arthur Jones, who explores issues relating to the (male) homosexual body and its performances of gender, in his dance company, the Jones-Zane Company, which he created in collaboration with Arnie Zane. The other participant was Johanna Boyce, who has worked since the mid-1980's with an all-female dance company of largely untrained dancers, and experimented with movement to explore relationships between and among women. The discussion was chaired by dance theorist, Ann Daly.

My primary interest in this discussion lies in the observations made by Johanna Boyce. She appears to be attempting to articulate in the discussion an exciting and challenging vision of women's performance of gender, which has emerged in her own explorations of movement in dance performance. She gestures first towards the 'detailed' and 'miniaturized' mode of motility which typically characterizes women's movement quality (Boyce and others, 98). She explicitly connects this to the 'masculine gaze', as a source of the positioning and restriction of feminine motility (Boyce and

¹¹ A transcript of this discussion is contained in Johanna Boyce, Ann Daly, Bill T. Jones and Carol Martin, 'Movement and Gender: A Roundtable Discussion', *The Drama Review*, 32, (1988), 82-101. Further references to this article are given after quotations in the text.

others, 100). However, in a notable passage in the debate, Boyce also gestures beyond this sense of objectification:

There's something about bearing a child that really freed me up to feel myself in a way that was different from feeling myself observed, in the way that I felt defined by the masculine gaze for a lot of my experience... I felt like a very powerful terminal station emanating controls and strengths. (Boyce and others, 100)

She clearly posits the experience of pregnancy as a liberation from the processes of objectification of the female body. This may initially appear to be an essentializing gesture: in a familiar move, woman is reduced to her reproductive capacity. However, in a conceptual framework which theorizes gender as a mode of bodily performance in space, this interpretation can be radically reviewed. It is clear that for Boyce, pregnancy is seen in this framework as a uniquely female mode of bodily performance:

I see dance as primarily the embodiment of feelings... For me, woman relates to what I can do and how my experience is different from what man is. And that's different from what personness is. There's a lot of personness we share, but I can bear children. That experience taught me a lot about my differences from men. And how that informs my dance work is not so much physical as it is emotional. (Boyce and others, 99)

For Boyce, dance performance arises out of her own bodily experience and skills (it is 'what I can do'). Much of this experience is felt by Boyce to be neutral in gender terms (arising out of 'personness'); pregnancy, however, is an unambiguously female mode of performance. Furthermore, it is posited by Boyce as an 'emotional experience'; it is outside of the processes of objectification, which fracture the unity of the subject. It is experienced by Boyce as an intimate connection of her (female) body with her subjectivity.

Boyce is also explicit in stating the precise quality with which pregnancy is able to invest female movement: she refers to a sense of weightedness or 'solidness', which recurs throughout her articulations of the motility of the female body (Boyce and others, 94). It is from this gravitational sense that pregnancy provides, that she is able to emanate 'controls and strengths' and to feel 'powerful' (Boyce and others, 100). In her study of women's relation to dance, Christy Adair broadens this relation between pregnancy and dance performance. For her, too, pregnancy becomes an invaluable

resource of discovery about the female body. Not only this, but it is explicitly related to modes of bodily performance, for she regards it as especially 'beneficial for the dancer' (Adair, 48). It provides a unique source of exploration in movement, a means by which the body image can be significantly enriched. Her example again emphasizes a sense of weightedness or 'gravity' as a mode of bodily movement which is specifically associated with the female lived experience. She indicates that one dancer discovered in pregnancy that for the first time in her career, she 'really located her sense of gravity' (Adair, 48). Pregnancy here figures for the dancer as an alternative mode of bodily performance to dance, which supplements her ability to move her body in space, and expands her body-image awareness.

Adair also indicates that in contemporary dance, pregnancy acts not only as an alternative and supplementary mode of bodily performance, but is also incorporated into the dance performance itself (Adair, 48). In this context, it is aimed specifically at the objectification of the female body by the male gaze. The pregnant body is frequently conceptualized as fragile, ungainly and limited in movement. It is typically positioned in space and restricted in movement. By incorporating the pregnant body into contemporary dance performance, an alternative choreography is produced, which reveals the grace, strength and range of movement which the pregnant body performs. It acts as a mode by which women are 'reconceptualizing' their bodies and movement performances, and is indissoluble from the transformation of cultural space. Performance of this unambiguously gendered body therefore begins to transform spatial polarities and to claim for itself a new space. It publicly displays in the performance space of dance a body which is frequently concealed and is primarily associated with private and domestic or clinical spaces.

In an article entitled 'Pregnant Embodiment' (1984), Iris Marion Young has discussed the experience of pregnancy in relation to phenomenology and the lived experience of the (specifically female) body.¹² She argues that pregnancy provides a

¹² Iris Marion Young, 'Pregnant Embodiment: Subjectivity and Alienation', *Journal of Medicine and Philosophy*, 9, (1984), 45-62. My page references refer to the reprinted version in Iris Marion Young, *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*, (Bloomington and

unique mode of exploration of bodily motility, which can significantly only be allied to the performance modes of dance. She challenges the traditional conceptions of pregnancy, in which it is frequently viewed in terms of a fracture or splitting of the subject. In this view, the 'integrity' or unity of the body is thereby undermined not only by the growth and development of another being within, but also by the radical changes in body boundaries that are experienced during the course of pregnancy. In phenomenological terms, these changes 'dislodge' the habitual uses of the body, and a new series of bodily postures and movements must be learnt and registered on the body image, to co-incide with the pregnant body:

The integrity of my body is undermined in pregnancy not only by this externality of the inside, but also by the fact that the boundaries of my body are themselves in flux. In pregnancy I literally do not have a firm sense of where my body ends and the world begins. My automatic body habits become dislodged; the continuity between my customary body and my body at this moment is broken. In pregnancy my pre-pregnant body image does not entirely leave my movements and expectations, yet it is with the pregnant body that I must move. ('Pregnant Embodiment', 163-164)

This heightened awareness of the body in movement has led to the pregnant body being positioned in a clinical or medical framework of understanding, so that the experience of pregnancy is conceptualized in the same way as illness or fatigue. In the healthy functioning of the body, there is an active relation to the world, and the body is a transparent medium for the enactment of the subject's aims. In illness, this instrumental relation to the world breaks down, and the body enters awareness as weighted material, which hinders and disallows the enactment of projects. The subject cannot attend to the physicality of the body and simultaneously use it as the means to the accomplishment of his or her aims. Pregnancy has been incorporated into this model of understanding, so that the unfamiliar weightedness and bulk of the body enters consciousness and prevents an active relation to the surrounding space: this is the view of pregnancy as pathology.

The extent to which this view of pregnancy is implicated in a positioning of the female body, and a restriction of its modes of motility by the 'masculine gaze', is

Indianapolis: Indiana University Press, 1990), 160-176. Further references to this article are given after quotations in the text.

revealingly suggested in Drew Leder's phenomenological study, *The Absent Body* (1990).¹³ In this text, Leder devises a new vocabulary for articulating familiar phenomenological concepts. In the healthy functioning of the body, in which the body acts as a transparent medium for the accomplishment of the subject's intentions, Leder conceptualizes the body in terms of its absence or 'disappearance'. The body is only present or visible to the subject in dysfunctional states (in situations of pain, fatigue or illness) or in the mastering of a new skill. Its appearance to the subject is therefore termed by Leder a 'dys-appearance', because it invariably signals a breakdown in the functioning of the body. The importance of Leder's description is the visual dynamic that is revealed to be foundational to this clinical model of understanding. It is the presence of this 'masculine gaze' in his text, which leads Leder to consistently mis-read Young's essay on 'Pregnant Embodiment'. He repeatedly construes pregnancy as a mode of 'dys-appearance' of the body, so that the material presence of the pregnant body to the female subject can only be viewed in terms of dysfunction. It either signals a mode of sickness or pathology or it is connected with the effort required in the learning of new bodily skills of comportment and motility.

In writing of pregnancy, Leder starts from a close reading of Young's article; initially taking into account Young's arguments, he warns against locating pregnancy as a form of sickness or pathology. The clinical model of understanding may not be the most appropriate context for thinking about issues relating to pregnancy:

There are possible dangers in assimilating such situations to the model of dys-appearance. Phenomena such as aging, puberty, menstruation, and pregnancy are a normal and necessary part of the life cycle. They are not in themselves dysfunctional or alienating. As such they should not be associated with the notions of 'bad' or 'ill' that comprise part of the Greek meaning of *dys*. As Young forcefully argues, it is only adult males in the middle years of life who experience health as an unchanging state. From this standpoint any noticeable changes do indeed signal disruption and dysfunction. However, for the young and the aged, for adult women as opposed to men, normal body functioning includes regular and even extreme bodily shifts. Cultural prejudices lead us to forget or devalue such changes. Old age is frequently equated with deterioration. Pregnancy and childbirth tend to be subsumed into the

¹³ Drew Leder, *The Absent Body*, (Chicago: University of Chicago Press, 1990). Further references to this book are given after quotations in the text.

medical paradigm as if they were dysfunctional states. Yet... aging and pregnancy can be times in which one develops a new closeness to and valuation of one's body. (Leder, 89-90)

There is clear evidence of a conflict in this passage between Young's article and Leder's project. In the vocabulary of visual dynamics which Leder has employed for phenomenological states, there is a strong etymological suggestion that pregnancy should be allied to pathology: if it is a mode of 'dys-appearance', then it should logically conform to the notion of 'illness' that this suggests. Young's article 'forcefully' leads Leder's argument away from its natural conclusion.

However, it is notable that by the close of his description of the state of pregnancy, Leder has incorporated Young's essay into his own argument. Pregnancy enters the mode of 'dys-appearance' as a pathological state (it is associated with 'a loss of normal, functional synergy') which is evidenced in a fracturing of the subject, so that 'the body is then experienced as away, apart, from the I' (Leder, 90). Leder thus focuses attention on precisely those aspects of pregnancy which are modes of sickness, even though these commonly form only a minor aspect of the total experience:

Moreover, such states [i.e., pregnancy] frequently do include moments of discomfort and dysfunction, though this hardly characterizes them as a whole. There is the morning sickness of early pregnancy, the uncomfortable and impeding bulk that comes later, all culminating in delivery pains... All such phenomena play a part in bringing the body to dys-appearance at such times. (Leder, 90)

There is clearly no sense in Leder's description of the surprising ease and grace of motility in the pregnant body: he is only able to conceptualize an 'uncomfortable and impeding bulk'. This leads him to interpret the pregnant body as a hindrance to the accomplishment of the subject's intentions. It renders 'problematic' (or subject to conscious reflection) actions which were 'previously tacit', and occurred on a pre-reflective level:

The pregnant woman must attend to her body as its new functions and shape require alterations in patterns of movement, diet, sleep, etc. The very temporal and spatio-functional unity of her body are called into question... The assumption of a novel body renders problematic what was previously tacit. (Leder, 90)

By incorporating the experience of pregnancy into a visual dynamic, or subjecting it to the 'masculine gaze', Leder omits the crucial insight of Young's analysis; namely, that pregnancy is a unique state in which an awareness of the materiality of the body does not impede the intentional performance of the subject. In a revealing passage, Leder summarizes the processes of construction of his theoretical project, in The Absent Body:

Beginning from etymology, I have thus catalogued the diverse ways in which the dys-appearing body is away, apart, asunder. The body emerges at times when it is away from an ordinary or desirable state, as in times of pain and disease. The body then may be experienced as away, apart, from the 'I'. This can arise from a loss of normal, functional synergy, such that bodily organs operate apart from each other in an uncoordinated fashion. Through processes of change the momentary body may also grow away, apart, from the habitual body. (Leder, 90)

Arguably, Leder's failure to understand the significance of the experience of pregnancy arises from the origins of his project in a concern with linguistics, which implicated him in a visual dynamic ('Beginning with etymology...'). Perhaps the only valid starting point for a phenomenological study is to locate its origins firmly in an understanding of the lived experience of the body.

This is the starting point from which Young radically challenges the view of pregnancy as pathology. She argues that the heightened awareness of the bulk and weight of the body during pregnancy does not impede bodily performance, or the accomplishing of aims. In illness and pain, the body is alienated from consciousness and so emerges as an object. In pregnancy, however, the body emerges as a source of considerable interest for the subject, but is crucially not objectified:

In attending to my pregnant body in such circumstances, I do not feel myself alienated from it, as in illness. I merely notice its borders and rumblings with interest, sometimes with pleasure, and this aesthetic interest does not divert me from my business. ('Pregnant Embodiment', 165).

In phenomenological terms, this creates a paradox. Phenomenologically, movement must occur on either a pre-reflective or a reflective level. At times of pain or illness, or in learning a new skill, movement is consciously performed, and so operates at a reflective level. In habitual or skilled activity, movement is incorporated into the body

image and so occurs pre-reflectively. In the terms of the psychological phenomenologist Erwin Straus, movement can be phenomenologically located in one of two centres of activity - at a reflective level of activity it is centred in the 'head', while at a pre-reflective level, it is located in the 'trunk' ('Pregnant Embodiment', 165). For Young, however, the experience of pregnancy is radically located in both centres of activity. For the pregnant woman, locomotor movement is performed with an awareness of the body ('Pregnancy... makes me conscious of the physicality of my body'), but it is simultaneously functional and carries out her intention (her 'movement... gets her where she is going') ('Pregnant Embodiment', 165).

The only analogy that Iris Marion Young can find for this alternative nature of movement in pregnancy, is that it constitutes 'a kind of dance' ('Pregnant Embodiment', 165). The subject is aware of her body in movement, but this does not prevent her from simultaneously acting on the pre-reflective level, which is necessary for an expressive bodily performance. Young is fascinated by the intensely subjective quality of pregnant motility, so that the woman 'glides through space in an immediate openness', in a manner which she has only encountered before in dance movement ('Pregnant Embodiment', 165). Perhaps the re-conceptualization which is occurring here is of the modes of awareness of the body. Normally, the entry of the body into awareness is conceived of in highly visual terms, so that it immediately becomes an object. Young appears to suggest that in pregnancy the woman is able to experience an alternative mode of the entry of the body into consciousness, which is not a visual dynamic and hence objectifying, but is a much more tactile perception of 'the material weight that I am in movement' ('Pregnant Embodiment', 165). This clearly relates to the experience of 'pregnant embodiment' articulated by Johanna Boyce, who felt pregnancy to be a liberation from the awareness of her body as an object, and a simultaneous release into the perception of her body as 'material weight' or 'solidness'.

Pregnancy and dance are both bodily performances of the subject, modes by which the subject is able to explore and expand his or her own range of physical motility in space. At a basic level, gender can be conceptualized as a mode of becoming of the

subject through his or her bodily movement in space: gendering is indissoluble from the subject's ways of occupying and creating his or her own phenomenal space. Dance is thus intimately connected with gender: it is able to provide new modes of becoming for both sexes. The incorporation of the pregnant body into dance can enable a new mode of becoming, or an alternative choreography, which is based on a uniquely female mode of experience. It facilitates consciousness of the body, not as an object, but as a material weight, or a gravitational centre of solidity.

I propose to close this chapter with the consideration of another remarkable convergence of dance and pregnancy, in the case history of Anna O. At the close of her analysis, Anna O. experienced a phantom pregnancy, which is clearly related by Peggy Phelan to her former, repressed desire to dance:

...Anna O.'s phantom pregnancy is her body's long deferred, long desired and long renounced, dance. At the end of the cure, she partners herself and touches, perhaps for the first time, her feminine body. ('Dance and the History of Hysteria', 100)

Anna O.'s last recorded symptom thus constitutes the bodily performance which she has long denied herself, and which is moreover a uniquely female mode of bodily performance. One of the most fascinating aspects of Anna O.'s bodily symptom, however, is its staging, so that it is enacted within the performative space of the psychoanalytic session.

What is immediately notable about Anna O.'s phantom pregnancy, which is a famous and frequently discussed symptom in histories of Freud's founding of psychoanalysis, is its complete absence from the text of Studies on Hysteria. It is not mentioned at all in Breuer's account of his treatment of Anna O. It appears in the 'Standard Edition' in the form of a footnote, which is authored not by Breuer or Freud, but by the translator of the text into English, James Strachey:

At this point (so Freud once told the present translator [James Strachey], with his fingers on an open copy of the book) there is a hiatus in the text. What he had in mind and went on to describe was the occurrence which marked the end of Anna O.'s treatment. The whole story is told by Ernest Jones in his life of Freud (1953, 246ff.), and it is enough to say here that, when the treatment had apparently reached a successful end, the patient suddenly made manifest to Breuer the presence of a

strong, unanalysed positive transference of an unmistakably sexual nature. It was this occurrence, Freud believed, that caused Breuer to hold back the publication of the case history for so many years and that led ultimately to his abandonment of all further collaboration in Freud's researches. (Studies on Hysteria, 95-96)

There is thus a 'hiatus' or gap in the text of Studies on Hysteria, which marks the site of a temporal delay: it is only uncovered or made apparent by Freud some time after the text has been written, in conversation with the translator. Freud himself was only able to write of the event in a letter to Stefan Zweig, dated 2 June 1932, almost fifty years to the day after it occurred.¹⁴ There is clearly therefore a problem of language in relation to the event: neither Breuer nor Freud can write the event into the narrative of the case history. Freud bequeaths the task to his translator, James Strachey, who in turn does not articulate the event within the text of Studies on Hysteria, but instead refers the reader to another text, the biography of Freud by Ernest Jones. The event is therefore not named anywhere in the text; it is activated as a site of trauma for Freud, who cannot contain Anna O.'s symptom within a narrative articulation.

The event which cannot find expression within the text of Studies on Hysteria ('...it is enough to say here that... the patient suddenly made manifest to Breuer the presence of a strong, unanalysed positive transference of an unmistakably sexual nature') is therefore located by Ernest Jones as a phantom pregnancy, which Anna O. suddenly and unexpectedly reveals. Jones' narrative account of the event, and its location within the temporal framework of Freud's founding of psychoanalysis, is the primary source for its status as 'mythology'. The standard interpretation of Anna O.'s symptom thus compacts it into a neat symbolism, so that it marks the closure of the case history and Anna O.'s treatment, the closure of the collaboration between Breuer and Freud, and the subsequent 'birth' of psychoanalysis. In this version, Anna O.'s symptom marks her body as a site for others (as it was given over to her father at the beginning of her treatment), rather than as a locus of her own bodily expression. Strachey's footnote to the text of Studies on Hysteria is also embedded in this version. Anna O.'s symptom thus manifests

¹⁴ Sigmund Freud, The Letters of Sigmund Freud, 1873-1939, ed. Ernst Freud, trans. Tania and James Stern, (London: Hogarth Press, 1970), pp. 408-409. Further references to this volume are given after quotations in the text.

to Breuer the presence of a 'strong... positive transference of an unmistakably sexual nature'. However, Breuer does not 'analyse' the transference; he leaves the treatment incomplete. This is emphasized in Freud's letter to Zweig, fifty years after the event, in which he observes of Breuer's reaction to the phantom pregnancy: 'Seized by conventional horror he took flight and abandoned the patient to a colleague. For months afterwards she struggled to regain her health in a sanatorium' (Freud, Letters, 409). Ernest Jones adds a further, not insignificant, detail to his version of the events:

The patient, who according to him had appeared to be an asexual being and had never made any allusion to such a forbidden topic throughout the treatment, was now in the throes of a hysterical childbirth (pseudocyesis), the logical termination of a phantom pregnancy that had been invisibly developing in response to Breuer's ministrations. Though profoundly shocked, he managed to calm her down by hypnotizing her, and then fled the house in a cold sweat. The next day he and his wife left for Venice to spend a second honeymoon, which resulted in the conception of a daughter...¹⁵

Combining the two accounts, it becomes clear that Breuer was faced with a 'strong... positive transference', which simultaneously marked in symbolic terms the 'throes of... childbirth' of the science of psychoanalysis. Being of a 'conventional' nature, Breuer took flight in 'horror' and so 'conceived' only a daughter, not a new scientific movement. The implication is clearly that it required Freud, who was of less 'conventional' outlook, to 'analyse' the transference and so to conclude the treatment. Simultaneously he acted symbolically as midwife, ministering to the 'throes of... childbirth' and delivering safe and healthy the revolutionary method of treatment which was psychoanalysis. In his description of his own reaction to a 'strong... positive transference', Freud thus reacts 'analytically'; he does not flee in 'conventional horror' or subjectively attribute it to his own attractions. The crucial point, however, is that as a result of his analytical approach, he abandons the 'hypnotic treatment' which Breuer administers to his patient in Jones' account, and which presumably leads to her languishing for months in a sanatorium. Freud focuses his treatment on the nature of the transference itself and so founds the psychoanalytical method:

¹⁵ Ernest Jones, Sigmund Freud: Life and Work, Vol. 1, (London: Hogarth Press, 1953), p. 247. Further references to this book are given after quotations in the text.

One of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing her attacks of pain to their origins, as she woke up on one occasion, threw her arms round my neck. The unexpected entrance of a servant relieved us from a painful discussion, but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued. I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnotism. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnotism. (Freud, *An Autobiographical Study*, 49-50)

The consideration of Anna O.'s symptom through the genres of biography (Jones' account of Freud's life) and autobiography (Freud's sketch of his own past) therefore illustrates clearly the problem of the event in relation to narrative. The difficulty is not so much that Jones and Freud are wilfully transforming what occurred to fit the history of the founding of psychoanalysis; the problem is inherent in the nature of narrative itself. In organizing its account, narrative always introduces its own fictions or alters the event. Narrative is one of the closest means of approach to the event; however, it can never be substituted for the event itself. The problem with the genres of biography and autobiography is that they rarely acknowledge the nature of the narrative on which they are dependent; in this sense they frequently seek to substitute an approach to the event (which is always partial and subjective) for the event itself, and so must be read with considerable caution.

Phelan exercises precisely such caution in her reading of Anna O.'s symptoms. She indicates that the standard version of the event appropriates Anna O.'s phantom pregnancy as a metaphor for Freud's own founding of psychoanalysis; her bodily performance is interpreted in an identical way to her former symptoms, so that her body is substituted for another's use, and is not a locus for her own expression. Phelan re-introduces the notion of choreography into Freud's text and suggests an alternative reading of Anna O.'s phantom pregnancy which allies it with her former urge to dance. The traumatic symptom is read as a mode of bodily performance, which is able to reproduce the event but is not expressive. In Freud's early sessions, in collaboration with Breuer, the therapeutic mode of cure was thus performative: a crucial aspect of the cure

involved a re-enactment of the traumatic event. So in her therapeutic sessions, Anna O. was engaged in a bodily performance, which was the exact reproduction of the events of the previous year. Phelan suggests that the cumulative effect of these bodily performances may have encouraged Anna O. to regard her body itself as 'reproductive' (of the events of the past) in a mode which was outside of the normal order of human reproduction ('Dance and the History of Hysteria', 97). This notion of bodily performance provides a conceptual framework in which to view the problem of Anna O.'s phantom pregnancy, which is not bound up with the notions of transference and counter-transference. It claims no definitive status, but provides an alternative means of approach to the event.

As a mode of bodily performance, Anna O.'s phantom pregnancy differs crucially from the bodily performances produced in earlier stages of her traumatic symptomatology. The traumatic symptom thus marks the site of an event which is beyond the framework of understanding; overwhelming the consciousness, it is signalled by a linguistic breakdown, so that it cannot be articulated in a narrative formulation. In the case history of Anna O., this aspect of the traumatic condition manifested itself in one of her most dramatic symptoms, an almost entire breakdown of linguistic capacity, so that communication was only possible in a superimposition of languages:

It first became noticeable that she was at a loss to find words, and this difficulty gradually increased. Later she lost her command of grammar and syntax; she no longer conjugated verbs, and eventually she used only infinitives, for the most part incorrectly formed from weak past participles; and she omitted both the definite and indefinite article. In the process of time she became almost completely deprived of words. She put them together laboriously out of four or five languages and became almost unintelligible. When she tried to write (until her contractures entirely prevented her from doing so) she employed the same jargon. For two weeks she became completely dumb and in spite of making great and continuous efforts to speak she was unable to say a syllable.

...in March 1881[, h]er paraphrasia receded; but thenceforward she spoke only in English - apparently, however, without knowing that she was doing so. She had disputes with her nurse who was, of course, unable to understand her. It was only some months later that I was able to convince her that she was talking English. (*Studies on Hysteria*, 77-78)

In her early traumatic symptomatology, Anna O. manifested an increasing inability to articulate herself in language, as her linguistic structures gradually disintegrated. It is notable that when language returned to her she expressed herself only in English, which was accordingly the language of her initial conversations with Breuer. Anna O.'s bodily performance thus contains a 'birth' in her preferred language of communication with Breuer. Phelan points out that it is surely no accident that, in actuality, Anna O. was named 'Bertha Pappenheim': her bodily performance not only signals a 'birth' but is also a reclamation of her identity ('Dance and the History of Hysteria', 99). Phelan suggests that Anna O. closes her conversations with Breuer in the same language that they opened, and thereby signals a regeneration of language in and on her body. Although not yet a narrative formulation, Anna O.'s bodily performance is manipulating language in order to communicate or express her meaning. There is clearly a reclamation of language occurring here.

An identical pattern can be witnessed in regard to issues of temporality. Narrative is thus characterized by an ability to alter and shift temporal sequences, and to expand or contract the duration of events, depending on the emphasis required. Inversely, the traumatic symptom was a mode of bodily performance which could only figure in the past: it took as long to perform as the original event and its staging only took into consideration the spatial co-ordinates of the past event. The phantom pregnancy begins to suggest awareness of a temporal sequence or framework. It gestures towards the past and suggests that Anna O. is beginning to face the question of (her own) history, in the transformation of her body as a reproductive site. The body is no longer reproducing the events of the past in endless sequence, but is engaged in a much more positive reproductive process. In itself, the phantom pregnancy thus gestures towards the future, as a process of gestation or mode of coming into being of a subject. Her bodily performance is creating her own phenomenal temporality, and accordingly she effects her own coming into being.

Another significance of the complex issues of temporality involved in Anna O.'s bodily performance is suggested by John Forrester and Lisa Appignanesi, in their

detailed and comprehensive historical study, Freud's Women.¹⁶ They refer to the problematic discovery by Ellenberger, that the temporal sequences in Ernest Jones' account of Breuer's closure of the treatment of Anna O., could not possibly be correct. Jones argued that the day after Breuer terminated Anna O.'s treatment, he left for a 'second honeymoon' in Vienna with his wife, where he conceived a daughter. However, Ellenberger has pointed out that Dora Breuer was born on 11 March 1882, three months before the supposed scene of Anna O's phantom pregnancy (on 7 June 1882), not nine months after (Ellenberger, 483). The interpretation of this discovery which is provided by Appignanesi and Forrester is of crucial interest to an understanding of Anna O.'s bodily performance. Referring to Freud's attribution to Anna O. of the phrase, 'Now Dr. B's child is coming!' (Freud, Letters, 408), they observe:

We can venture a speculative explanation of how this phrase concerning Dr. B's baby became linked to Dora Breuer's birth - and in this way show how it so unnerved Breuer. Breuer recounted how Bertha's 're-living of the previous year continued right up until the illness came to a definitive conclusion in June 1882.' If on 7 June 1882 she was reliving the events of 7 June 1881, she might well have been re-living Breuer's (and his wife's) experiences of that day: 7 June 1881 is almost exactly nine months before Dora Breuer's birthday. With her cry 'Now Dr. B's child is coming!', 'she recognized (and wanted her doctor to know that she recognized) that events in his personal life as well as in her own had taken place at the time, 7 June 1881'. The 'now' of the baby that is coming was the 'now' of 1881, not 1882. (Freud's Women, 83-84)

The symptom of Anna O.'s phantom pregnancy differs crucially from her former symptoms, in that it does not repeat the past in an exact re-enactment, but uses events of the past as a mode of communication and self-expression. In relation to language, Anna O. manipulated her former symptom of speaking only in English, in order to communicate to Breuer a reclamation of language and her own identity. So in relation to time, Anna O. here manipulates her former symptom of reliving the previous year, in order to communicate to Breuer in an intimate and personal manner that she is aware of his own life, apart from his treatment of her. Her bodily performance demonstrates a

¹⁶ Lisa Appignanesi and John Forrester, Freud's Women, (London: Virago, 1992). Further references to this volume are given after quotations in the text.

new-found ability to manipulate temporal sequences as a mode of self-expression, which is essential before a narrative formulation can be reached.

The final implication of Anna O.'s phantom pregnancy, which I propose to explore, is its uniquely female mode of bodily performance. As such, Anna O.'s symptom marks her body as unambiguously gendered. In this context, the primary interest of Anna O.'s bodily symptomatology is its staging, in the performative space of the analytic session. Phelan precisely locates the gendered site of Anna O.'s ('pregnant') body as the locus of Freud's trauma, which was evidenced in relation to the text of the case history. It is excessive to his psychoanalytical frame of reference, and so cannot be 'contained or interpreted' by Freud, and must remain always outside of the narrative:

Moreover, the pregnancy signifies the excess, the supplement that cannot be contained or interpreted by the talking cure, no matter how exhaustive, no matter how loving. This excess is femininity itself - that part of her that remains outside the discursive frame of the always already masculine case history. This excess is the place of trauma at the heart of Freud's theory of sexual difference. As Freud developed psychoanalysis, he constructed as well a theory of anxiety about sexual difference punctuated by penis envy, the castration complex, and so on - a set of psychic responses to the fear of absence. But as Anna O. experienced the analysis, she performed a theory of sexual difference which rendered her body at once reproductive and living, and 'non-reproductive' and unliving. In short, her performance of a phantom pregnancy is both curative and traumatic. ('Dance and the History of Hysteria', 98)

In concluding her analysis, Anna O. performed her own dance, and staged it within the psychoanalytic session. In so doing she 'performed a theory of sexual difference' which was alternative to the Freudian formulation. In place of a 'fear of absence', Anna O.'s bodily performance insists on the female body as a site of presence: in pregnancy, the woman's body is the locus for the coming to presence of another ('Now Dr. B's child is coming!'), at the same time as it is unusually present to the subject and to others as a material weight and solidity. The extent to which this is incompatible with Freud's project of psychoanalysis is evidenced in another narrative, in relation to a different moment of trauma. The dancing figure who unexpectedly disrupts the text of 'Moses and Monotheism' is thus characterized precisely by her inability to sustain herself as a material weight. Balanced precariously on one toe, she does not appear able to

support her own weight in a sustained posture. This delicate balancing act arguably figures the Freudian psychoanalytic performance: reliant on 'a theory of anxiety about sexual difference', which is constructed on 'the fear of absence' ('Dance and the History of Hysteria', 98), it is uncertain whether psychoanalysis is able to maintain its academic 'weight' and 'posture', when confronted with the female body as material solidity and presence.

In conclusion, this is the challenge which is offered to Freudian psychoanalysis by Irigaray's dancing girl. In her spinning activity, Irigaray figures yet another mode of female bodily performance. Again, it is crucially concerned with a sense of weightedness: Schilder has indicated that this mode of bodily performance effects vestibular irritation, which alters the subject's perception of his or her own gravitational solidity. It is inherently a mode of exploration of the material weight of the body in motility. Irigaray's little girl resists, in her spinning motion, the failure of Freudian psychoanalysis to articulate a theory of trauma, which takes into account (her own) sexual difference, as a materially present subject. She provides a modern re-formulation of the 'maverick feminist', who was contemporary with Freud: 'If I cannot dance, I do not want to be a part of your revolution' ('Choreographies', 441). This challenge completely throws off-balance the entire weight and stature of the Freudian project. It crucially raises the question as to whether Freudian psychoanalysis can be truly 'revolutionary', if it does not incorporate the 'revolutions' (spinning activity) of Irigaray's little girl. I have indicated throughout that there is a much more 'revolutionary' alternative to psychoanalysis, which is centred on theories of the body image and phenomenology. This provides far more challenging and dynamic modes of therapeutic practice in the field of trauma, and also furnishes a performative space in which both sexes can 'dance', or creatively explore and live out their difference.

CONCLUSION: THE PERFORMATIVE BODY

THE POLITICS OF VISIBILITY

In Unmarked: The Politics of Performance (1993), Peggy Phelan argues that there is an urgent need to re-formulate current theories of performativity.¹ In contemporary critical theory, performance is thought through the visible; Phelan contends that this results in a dichotomized approach to the performance arts. Critics align themselves in 'two camps' which are organized around the 'physical' and 'psychic' modes of approach to the body; consequently, critical theory assumes a body which is already split off from consciousness. In the words of Phelan:

Performance commentators tend to open their critical cameras and set up their tripods on one side or the other - the 'physical' readers are usually trained in movement analysis and/or history, and the 'psychic' readers are usually trained in Freudian and Lacanian psychoanalytic theory (although rarely in practice). (Unmarked, 167)

For Phelan, critical modes of approach to performance paradoxically deny the very nature of performativity itself. In an arresting metaphor, she locates the dynamic of performance art in its 'suspension' between 'corporeal' and 'psychic', so that it radically disrupts a critical methodology which is based on binary opposition:

Performance art usually occurs in the suspension between the 'real' physical matter of 'the performing body' and the psychic experience of what it is to be embodied. Like a rickety bridge swaying under too much weight, performance keeps one anchor on the side of the corporeal (the body Real) and one on the side of the psychic Real. Performance boldly and precariously declares that Being is performed (and made temporarily visible) in that suspended in-between. (Unmarked, 167)

In Unmarked, Phelan proposes that contemporary critical modes of approach to performance should be rethought, so that theories of performativity might reflect more accurately its inherent qualities. In other words, she is concerned to mobilize a critical methodology which creatively 'combines' physical and psychic readings of the body:

Perhaps it would be worthwhile to experiment with the possibility of a different notion of the relation between these two camps. It might be fruitful to take the body

¹ Peggy Phelan, Unmarked: The Politics of Performance, (London and New York: Routledge, 1993). Further references to this volume are given after quotations in the text.

as always both psychic and material/physical: this would necessitate a combined critical methodology. One could employ both physics and psychoanalysis to read the body's movements and paralytic pauses. (Unmarked, 167)

A radical reconception of critical methodology, such as Phelan is suggesting, would necessarily involve a dual strategy. Firstly, it implies a 'rethink [of] the entire visibility-power game itself' (Unmarked, 140). While the project of gaining visibility for the politically under-represented is undoubtedly laudable, Phelan is concerned by the 'relations of visibility and power' which are inherent in visibility itself. In patriarchal society, visibility characteristically operates within a binary structure, so that the body which is seen or displayed in modes of performance is 'crucially bound' up with another body which sees but itself remains unseen (Unmarked, 26). Phelan names the visible body as the 'marked' body; its movements and gestures 'submit to the gaze' of the other (Unmarked, 139). The performances of the body which observes are typically 'unmarked'; its movements and gestures are invisible (they do not submit to the gaze of the other) and Phelan observes that it is 'in this specific sense' that the observing body 'functions as the ascendant term in the binary'. Accordingly, a politics which relies on a strategy of 'representational visibility' should simultaneously be vigilant over the power-relation between 'marked' and 'unmarked' bodies; there is a need to be aware of the hazardous nature of the visible:

... [There are] disadvantages of staking too much on visibility as a means of achieving representational power. Visible to whom? Who is looking and who is seen? (Unmarked, 140).

More fundamentally, Phelan argues that the project ahead is to replace the oppositional binary which currently characterizes the realm of the visible with 'a much more nuanced relation to visibility and invisibility within representation itself' (Unmarked, 140). Extending Phelan's terminology, there must be a 're-marking' of the 'marked' and 'unmarked' bodies which dichotomize the terms and approaches of current critical theory. This relates to the second strategy which Phelan outlines as necessary to a reconceptualization of critical methodology. As a means of 're-marking' the performative body, Phelan urges the exploration and mobilization of alternative

representational economies to the visible. A 'much more nuanced and complex approach' to the performance arts would recognize that the movements and gestures of the performing body are not 'singular or stable' in meaning; performance confronts theoretical criticism with 'a permeable and fluid set of meanings' which are 'resistant to singular interpretations' and pose a challenge to a simplistic (binary) approach.

The theoretical model of the performative body which Phelan provides seems to me to bear a particular relevance to the project of my thesis. My work on trauma has been concerned to explore the bodily performances of its symptomatology. I have argued that all bodies move in time and occupy space; they are engaged in modes of performativity. In creative bodily performance, the subject is able to move freely in space and to explore alternative configurations of movement. I have theorized movement as a subjective category which is creative of space and new possibilities of becoming for the subject. The symptomatology of trauma displays a restricted mode of bodily performance. The movements of the body are split off from an intentional consciousness; in the terms of Phelan's metaphor, quoted above, the bodily performance loses its precarious balance or 'suspension' so that it retains only its 'corporeal' dimension. 'Psychic experience' is dissociated; consequently, the movement which is performed is activated at an automatic level and is characterized by repetitive, limited and non-exploratory gestures.

The conceptualization of trauma as a mode of performance also entails a consideration of its staging. The survivor of trauma must routinely engage with the disciplines of law, medicine and psychoanalysis, which each affect/effect the bodily performances of the subject. Returning to Phelan's model, the symptomatology of trauma is caught within the realm of the visible; it is displayed before experts and professionals and clearly represents the site of a 'marked' performance. Conversely, the so-called 'theoretical' disciplines emerge as 'unmarked' performances, so that their apparent neutrality can be theorized as an invisible surveillance. My analysis has centred particularly on the founding of psychoanalysis as a scientific discipline. I have demonstrated that, in founding psychoanalysis, Freud confined his interest in the bodily

performances of the hysteric almost entirely to the realm of the visible, noting only those aspects of the case which could be observed. Simultaneously he founded the 'talking cure' and gave up the practice of hypnosis. Although the psychoanalytic session was based on a unique mode of bodily performance, this aspect of his work was suppressed; psychoanalysis had arguably become an 'unmarked' mode of performance.

My primary concern in the writing of this thesis, however, has been less with the 'visibility-power game' than with the exploration of alternative representational economies to the visible - I have been involved in a re-marking of the performative body, so that it is no longer imprisoned in a binary structure but is approached in a 'much more nuanced and complex way' (Unmarked, 166). I have traced Phelan's notion of the 'performing body' - balanced precariously between 'physical matter' and 'psychic experience' - in the tradition of thought on the body image, which extends from Janet's work in the late nineteenth century to contemporary Dance Movement Therapy. As a mode of bodily performance, dance facilitates the exploration of new spatial and temporal movement configurations and encourages the integration of the subject. In therapy it has the potential to transform the symptomatology of trauma, restoring the (ever precarious) balance between corporeal and psychic experience and expanding restricted movement patterns.

The notion of dance performance also allows for the 're-marking' of the gendered body. Phelan's description of the 'performing body', which exists in alternative realms to the visible, utilizes the imagery of weight. In a metaphor of balance, the body is 'precariously suspended' because it attempts to sustain 'too much weight' (Unmarked, 167). I have mobilized this image of the weightedness or solidity of the body as a theoretical approach to gender, which allows for the exploration and conceptualization of difference, but is not confined to the visible. This notion of the 'performing body' conflicts with Derrida's construction of a choreography of gender(s); where Derrida's dancer passes easily from body to body and from gender to gender, in my construction the dancer sustains a precarious balancing act. I have argued that this is because Derrida does not 'anchor' the body of his dancer in the 'corporeal'; this is not to imprison it in

essentialism, but to take into account the ways in which gendered bodies are able to creatively live out and explore their difference.

In conclusion, however, my analysis co-incides with Derrida's thought in its recognition of the profoundly subversive nature of the 'performing body'. For Phelan, the power of this body is that it 'can teach political ideology the generative powers of doubt and uncertainty' (*Unmarked*, 171). The same claim can also be made of trauma: in the place of knowledge and memory it introduces 'doubt and uncertainty'. Dominick LaCapra has observed the conjunction of trauma and performativity in recent critical theory.² He argues that much current analysis and criticism is embedded in the notion of 'acting-out', which represents for him the exact and inflexible reliving of the past in the traumatic symptom (LaCapra, 245). He recognizes that the phenomenon of 'acting-out' reflects the overwhelming nature of trauma, in which the past has not been assimilated or even experienced and so is perpetually relived. In this sense, 'acting-out' represents for LaCapra a necessary acknowledgement of the pain and confusion involved in the traumatic event. His concern appears to arise out of the nature of 'representation' implied in the process of 'acting-out'; he argues that 'the idea of representation or understanding' which is involved is 'restricted' - it suggests a straightforward notion of referentiality which allows a direct mode of access to past events (LaCapra, 245).

LaCapra is therefore concerned to 'supplement' the 'truncated view' of performativity which is represented by 'acting-out', and which is 'prevalent in post-Freudian analysis or criticism', by introducing the notion of 'working-through'. This critical term appears to represent for LaCapra the attempt to replace the uncontrolled and repetitive symptoms of trauma with 'a measure of responsible control over one's own behaviour' - the emphasis is on regaining the ability to 'control' one's own somatic performances. His notion of 'working-through' concurs with my own account of dance-movement therapy, which aims to transform the compulsive reliving of the past into more flexible and expressive modes of performance. This performativity, in turn,

² Dominick LaCapra, 'Lanzmann's *Shoah*: "Here There Is No Why"', *Critical Inquiry*, 23, (1997), 231-269. Further references to this article are given after quotations in the text.

provides a means of approach to narrative. LaCapra is concerned with a process which is able to 'convert the past into memory' and provide a means of adaptation to 'the current demands of life' (LaCapra, 245). His interest is once more engaged by the issues of 'representation' which are involved in this process of transformation; 'working-through' provides LaCapra with a theoretical model which disrupts straightforward notions of referentiality and so gestures towards 'the nature of performativity' itself, which 'goes beyond any restricted idea of representation or understanding' (LaCapra, 245). I have attempted throughout my thesis to maintain the precarious suspension demanded by current theories of trauma and performativity. While recognizing the overwhelming nature of trauma, not only for those who are involved in a traumatic event, but also for secondary witnesses who seek to treat and write about trauma, I have suggested that it is also characterized by a 'generative power'. It is able to instigate a new mode of thinking based not on proof and facts but on interpretation. This alternative hermeneutics disrupts claims of referentiality and direct access to the event; in their place, it is concerned with a more hazardous, but politically vital, mode of approach to an uncertain and contested past.

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